



**Therapy Release Form for Kiddie Krafts Preschool
Parent Form**

I release my child, _____ from Kiddie Krafts Preschool care to _____ (therapist name). The therapist is responsible for the child during that time. During the time the therapist has the child, the school assumes no liability as the child is no longer in our care. When we sign the child back into their class, the school resumes responsibility.

I agree to the above statements and will inform the therapist of the information. Please make sure the therapist receives a copy of this form as well.

Therapist Name: _____ Therapy Dates/Times: _____

Printed Name: _____

Parent Signature: _____

Date: _____