

CHILD RELEASE AUTHORIZATION FORM

Child's Name
Program Name

As parent or guardian of I authorize the following person(s) to pick up my child from the above named program.

Authorized Person # 1

Name
Relationship to Child
Emergency Contact Number Secondary Number

Authorized Person # 2

Name
Relationship to Child
Emergency Contact Number Secondary Number

Authorized Person # 3

Name
Relationship to Child
Emergency Contact Number Secondary Number

Parent/Guardian **Print Name** Date

Parent/Guardian Signature

SUBMIT