

Authorization to Release Child

	give authorization for the following contacts to pick-up my
child (ren).	Child(ren)'s Name(s)
Name	Relationship
Phone Number:	
Name	Relationship
Phone Number:	
Name	Relationship
Phone Number:	
Name	Relationship
Phone Number:	
Additional Comments:	
For the safety and security of to release their child to someo Additionally, we will need a c	the children in our care, we kindly request that when parents give permission ne else, the designated person must present a valid ID card or driver's license copy of the card's front and back for our records. They can conveniently email rovided at the bottom of the page.
Parent/Guardian Print	Date
Parent/Guardian Signature	Date