

Authorization to Release Child

Unless otherwise authorized by you in writing, no one but you, your spouse, or emergency contact person may pick up your child(ren) from this setting.

I, _____, 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: _____

Parent(s) Signature

Date

Provider's Signature

Date