

Release Authorization:

_____, has my permission to pick
up _____, on this date. I would/
(Child's Name)

would not (circle one) like this person to be added to my permanent list
of those who can pick up my child.

(Print) _____
(Parent's Name Telephone Number)

(Signature) _____
Date

IMPORTANT: You must inform your child's teacher about the above. If you
leave a car seat, you must have your child's name on it.

Remind adult they must bring picture identification.