

Authorization for Release

Child's Name _____

Class _____

The following persons are authorized to pick up my child (**include parents**):

Name	Relationship to Child	Complete Address	Phone

I understand that only those individuals authorized in writing by me will be able to pick up my child. I will send an authorization note on days when my child will be picked up by someone not on this list (baby-sitter, grandparent, parent of another child, etc.). I further understand that my child will not be released to any individual who has not so been authorized.

Signature of Parent/Guardian

Date