Sample Release/Pickup Authorization

I understand that my child will not be permitted to leave with anyone other than the person(s) I have listed below.

Name(s):__________________________________________________________

Relationship to Child:______________________________________________

Signature of Parent/Guardian:________________________________________

Date:______________________________________________________________

I give permission for the following person(s) to pick up my child from the school-age program.

1.

2.

3.

4.

____________________________________________________________

Signature of Parent/Guardian