

PERMISSION FOR THE RELEASE OF A CHILD

Name of child/ren: _____

Name of the person to whom the child may be released: _____

Address of the person to whom the child may be released: _____

Date on which child is to be released to above person: _____

Time person is to pick up the child: _____

Other Information: _____

Parent Signature: _____



Name of staff person releasing the child: _____

Type of ID shown: _____

(Top section to be filled out by parent; bottom section to be filled out by staff person)