

# Authorized Child Release Form



Child's Name \_\_\_\_\_

My child may be released to the following individuals who must show proper identification:

**Authorized Adult #1**     Emergency Contact     Release to Adult

Name	Relationship to Child
Address	Telephone

**Authorized Adult #2**     Emergency Contact     Release to Adult

Name	Relationship to Child
Address	Telephone

**Authorized Adult #3**     Emergency Contact     Release to Adult

Name	Relationship to Child
Address	Telephone

**Authorized Adult #4**     Emergency Contact     Release to Adult

Name	Relationship to Child
Address	Telephone

My child may **NOT** be released to the following individual(s):

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_