



Authorized Release Form

Child/Children's Name _____

Person(s) to whom my child/children may be released to:

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

In case of emergency, please list two people to be contacted in the event parent(s)/guardians cannot be reached.

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

Parent/Guardian signature _____ Date _____