

AUTHORIZED RELEASE FORM

Child's Name _____ Date of Birth _____

Mother's Name _____ Home phone _____

Cell phone _____

Father's Name _____ Home phone _____

Cell phone _____

Preferred Email: _____

- Honey MacCallum must release children to either parent unless a copy of a court order indicating sole custody is provided.
- No child may be released to anyone except parents without specific written permission.

The following individuals are authorized to pick up my child, in the event that I am unable to do so. I understand that each authorized person must:

- Be at least sixteen (16) years old.
- Present valid photo identification.

I certify that the information provided below is complete and accurate and I agree to notify Honey MacCallum if there are any changes in the information presented here.

Name:

Phone number:

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature

Date