

RELEASE AUTHORIZATION

My child may be released only to the names of the persons listed on the form below:

1. _____ Phone # _____ Cell Phone # _____

Relationship _____

2. _____ Phone # _____ Cell Phone # _____

Relationship _____

3. _____ Phone # _____ Cell Phone # _____

Relationship _____

4. _____ Phone # _____ Cell Phone # _____

Relationship _____

5. _____ Phone # _____ Cell Phone # _____

Relationship _____

Name of children covered by this agreement:

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Signature of Parent/Guardian

Date