

CHILD RELEASE AUTHORIZATION AND CUSTODY INFORMATION

The _____ (Center/School) is authorized to release my child(ren), _____
_____ to the following individual(s) who may pick up my child from the Center/School. I understand that each authorized person must be at least sixteen (16) years of age and that my child will not be permitted to leave the Center/School with anyone not listed below:

Name _____
Address _____
Phone: (H) _____; (W) _____
(C) _____
Relationship to child _____

Name _____
Address _____
Phone: (H) _____; (W) _____
(C) _____
Relationship to child _____

Name _____
Address _____
Phone: (H) _____; (W) _____
(C) _____
Relationship to child _____

Name _____
Address _____
Phone: (H) _____; (W) _____
(C) _____
Relationship to child _____

The Center/School **IS NOT AUTHORIZED** to release my child to the following people:

- 1) Are the child's parents divorced or separated? _____
- 2) Is custody currently being disputed in any legal action? _____
- 3) Name of person(s) or agency with legal custody of the child _____
- 4) Has any court issued an order regarding custody of the child, or is there any Separation Agreement which establishes custody of the child? _____ if so, **please provide a copy of the Order of Agreement.**

I certify that the information provided above is complete and accurate, and I agree to notify the Center/School if there are any changes in the above information.

Parents/Guardian Signature Date Parent/Guardian Signature Date