

Complete this form and give to your child's teacher

Good Shepherd Children's Center
CHILD RELEASE AUTHORIZATION FORM

Child's Name: _____

Date: _____

Address: _____

Telephone #: _____

Mom's Name: _____

Dad's Name: _____

Mom's Signature: _____

Dad's Signature: _____

Mom's Cell Phone: _____

Dad's Cell Phone: _____

Mom's Address: Same as Child Different

Dad's Address: Same as Child Different

The following people are authorized to assume responsibility for picking up my child from school when I am unavailable or cannot be reached by phone. You may use the back of this form for additional names.

Name and Address	Relationship to child	Home and Cell phone #'s
1. _____ _____ _____ _____		
2. _____ _____ _____ _____		
3. _____ _____ _____ _____		
4. _____ _____ _____ _____		

We will ask for identification of the person picking up your child, such as a valid driver's license. We will only release to the above persons. If you have someone that should never pick up your child, please notify us immediately.