

Complete this form in its entirety

2024-2025

OUR SAVIOR NURSERY SCHOOL

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 & Cell phone #'s	Signature of person picking up child
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.