



RELEASE OF CUSTODY AUTHORIZATION

Name of Child _____

Date of Birth _____

I authorize the following people to pick up my child from Fun and Friends Child Development Center, and understand that my child cannot and will not be released to any one else (except emergency medical or civil personnel) without my express verbal or written permission:

1. _____ relationship _____

2. _____ relationship _____

3. _____ relationship _____

4. _____ relationship _____

5. _____ relationship _____

These names are the same and are inclusive of those people I have asked to contacted for emergencies if I or my spouse cannot be reached,

Yes _____ No _____

Names and ages of brothers and sisters and/or others living in our home:

Name Ages Relationship with child

- 1.
- 2.
- 3.
- 4.

The following people are not given authorization to pick up my child (appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child):

1. _____ relationship _____

2. _____ relationship _____

Signature: Mother _____ Date _____ Witness _____

Father _____ Date _____ Witness _____