

DAILY DISMISSAL RELEASE CONSENT 2017-2018

Child's Name: First _____ Last _____

Person(s) who routinely will pick up your child:

1. Name: _____ Relationship: _____
Address: _____ City: _____ Phone: _____
Primary Phone #: _____ Alternate Phone #: _____
2. Name: _____ Relationship: _____
Address: _____ City: _____ Phone: _____
Primary Phone #: _____ Alternate Phone #: _____

Additional person (s) who may pick-up your child:

1. Name: _____ Relationship: _____
Address: _____ City: _____ Phone: _____
Primary Phone #: _____ Alternate Phone #: _____
2. Name: _____ Relationship: _____
Address: _____ City: _____ Phone: _____
Primary Phone #: _____ Alternate Phone #: _____
3. Name: _____ Relationship: _____
Address: _____ City: _____ Phone: _____
Primary Phone #: _____ Alternate Phone #: _____
4. Name: _____ Relationship: _____
Address: _____ City: _____ Phone: _____
Primary Phone #: _____ Alternate Phone #: _____

**SIGN
HERE**

Parent's Signature: _____ Date: _____