



FOR SCHOOL YEAR 2016-2017

PERMISSION FOR RELEASE OF CHILD

I authorize the following adults to pick up my child _____ from school. I understand that my child will not be released to anyone **not** on the list unless I have sent a signed request by dismissal time. Please list the names of the child's parents or guardians as well as **everyone** who you might need to call upon in an emergency. Use the other side if necessary. Feel free to update this list at any time during the school year. **A PARENT'S SIGNATURE MUST ACCOMPANY ALL CHANGES TO THIS FORM.**

Signed _____ Date _____

NAME

PHONE NUMBER

(use back if necessary)



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