

Providers must mail this form in at the end of the month with their attendance recordsIt will be kept on file at the office.

Child Release Form

I _____ hereby give permission to release
(parent/guardian name)

my child _____ to _____
(child's name) (name)

on _____.
(date)

I have advised _____ that he/she is to bring valid identification as proof of identity and must show it to the program leader before my child will be released to them.

Signature

Date

For Staff Use:

Type of Identification Used: _____

Date & Time Checked/Released child: _____

Staff Signature: _____