



# Special Release Form

To be completed by Parent/Guardian

Child(ren): \_\_\_\_\_ Date: \_\_\_\_\_

Classroom: \_\_\_\_\_

This serves as written authorization by me, the parent/guardian, to release my child(ren) to the person listed below.

Name of Person Authorized to Pick-Up the Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Authorized for Pick Up (3 months maximum): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

---

To be completed by CLT member releasing child(ren) to the authorized person:

I have verified that the identification of the person authorized to pick up the child(ren).

Signature of CLT: \_\_\_\_\_ Date: \_\_\_\_\_

This completed form will be placed in the child's file along with a copy of the authorized person's identification.