



RELEASE FORM

As a safety precaution, no child will be released to anyone who is not listed on the form below. Please include parent(s) on the list, too. Thank You!

Child's Name

The following adults have my permission to pick-up my child following group time:

Adult Name	Address	Phone	Relationship to your child?

ALL INFORMATION IS CONFIDENTIAL.

Parent/Guardian Signature

Date

Home phone

Work phone

Cell phone

PLEASE RETURN THIS COMPLETED FORM TO KEVIN LEE, YOUTH ADVOCATE