

St. Ann School  
Extended Care Program

**RELEASE AUTHORIZATION**

**2014-2015**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

**The following individuals are authorized to pick up my child/ren from the  
Extended Care Program:**

NAME/ RELATIONSHIP TO CHILD	PHONE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(If more room is needed please continue on back of form)

I hereby understand that, for the protection of my child, he/she will not be given permission to leave our Extended Care Program with anyone not listed above. It is my responsibility to notify the Extended Care staff, in writing, if any deletions or additions are to be made to this authorization.

I also understand that in case of divorce or separation of parents, the Extended Care staff is legally obligated to release a child to either parent, except in the case of a court order stating otherwise.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_