

EAST BOSTON CENTRAL CATHOLIC SCHOOL



Consent Form to Release Child

Please include the names of ANYONE your child may be released to.

**Your child will not be released to anyone whose name does
not appear on this form**

Please add any additional names to the back of this sheet.

I give permission for my child _____,
to be released to _____.

(Name) (Relationship)

or _____

(Name) (Relationship)

I understand that when my child is to be released to a person other than his/her parent/guardian, or names mentioned on this sheet, that I will notify the school in writing, or through a phone call, which will then be verified through the office.

Parent/Guardian Signature _____

Daytime phone number: _____

Date: _____