

**CHILD RELEASE FORM –
REGULARLY AUTHORIZED ADULTS**

NAME OF CO-OP

I, _____, authorize the release of
PRINT PARENT/GUARDIAN NAME HERE

my child, _____, to the following adults during
the school year.

Name	Relationship	Home Phone & Cell Phones
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE OF PARENT/GUARDIAN

DATE

Please immediately notify teacher if there are any changes of persons authorized to pick up your child or changes in phone numbers.

All co-ops must have on file a list of the persons regularly authorized to take a child from the co-op. Updated forms shall be kept on file for the duration of the child's enrollment in the co-op laboratory. (See Appendix J1).

In the event the child is to be taken from the co-op by those not on the list, the parent/guardian must send a form authorizing the release of the child. (See Appendix J2.)

The parent shall also notify the person who picks up the child that picture identification may be required. The teacher shall check the photo identification.

Under no circumstances will a child be released without prior authorization.

