

AUTHORIZATION TO RELEASE CHILD

CHILD'S NAME: _____ CLASSROOM: _____

In case of an emergency, or if I am unable to pick up my child I, _____ parent/ guardian authorize First Baptist Georgetown Children's Weekday Education to release the above referenced child to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listed herein. **I understand that additions or deletions to this list must be submitted in writing for this agency to honor them. Parents, due to the nature of the parental relationship, need not be included on this form.** Parents, as a matter of law, are afforded the right of immediate access to their children while attending First Baptist Georgetown Children's Weekday Education. Please refer to the Parent Handbook for more information on the Release of Children and Custody Orders. If there is an issue with a parent picking up this child please discuss it with the center director so the appropriate documentation can be obtained.

Parent/Guardian Signature

Date

Include anyone upon whom you may call in an emergency to help you with picking up your child. We have given four spaces, please copy this form or use additional pages as necessary. For the safety of your child, please inform all authorized pick up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up your child. If they do not have a government issued photo ID with them we WILL NOT release your child to them under any circumstance. ALL SPACES MUST BE FILLED IN.

NAME:	RELATIONSHIP TO CHILD:
DRIVERS LICENSE NO.	Street Address City State Zip
CELL PHONE:	HOME or WORK PHONE (circle which one):

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If you have updates after this form is submitted, it MUST be either on this form or by email to scarter@fbegt.org. **REQUIRED BY LICENSING