



Adamson Arbor Release Form

In addition to the parents indicated on Enrollment Form, the following persons have my permission to pick up my child from Adamson Arbor and may be called in an emergency if parents cannot be located.

Child's Last Name	Child's First Name		Middle Name
Name	Cell Phone #	Work Phone #	Alt. Phone#
Name	Cell Phone #	Work Phone #	Alt. Phone#
Name	Cell Phone #	Work Phone #	Alt. Phone#

We understand that this child will not be released from Adamson Arbor to anyone except the persons named on this form. We understand the person will need to provide photo identification.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date