

# Permission Form

I give permission for \_\_\_\_\_ to release my child  
Name of Center

\_\_\_\_\_ to the below named persons. I understand that  
Name of Child

the Center will not release my child to anyone not on this list.

<u>Name</u>	<u>Phone number</u>	<u>Relationship to child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_