



Authorized Child Release Form

I understand that The Nursery at Our Lady of Sorrows School will not release my child _____ to any person other than his/her parents, legal guardians or those people listed below unless I notify The Nursery in advance, following the guidelines below:

- If the person picking up my child is listed on this form, I must notify The Nursery verbally (written notification is preferred)
- If the person picking up my child is NOT listed on this form, I must notify The Nursery in writing.
- Photo identification will be required of any person picking up my child.

Authorized people to release my child to:

1. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____
2. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____
3. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____
4. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____

By signing this form I authorize The Nursery at Our Lady of Sorrows School to release my child to any of the persons listed above.

Father's name: _____

Father's signature: _____ Date: _____

Mother's name: _____

Mother's signature: _____ Date: _____