

Child Release Authorization Form

This form serves as my official authorization to add or remove persons from the list of persons who have my permission to pick up my child in the event of my inability to do so. I understand that the center will utilize the most current information that I provide.

(CHECK ONE)

Name of person authorized to pick up your child (ren)	Person's Phone Number	Add to the List	Remove from the List

Signature

Date

Please Fax this form to **252-209-5447**