

AUTHORIZED RELEASE FORM



THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP

FROM INDIANOLA CHILDREN'S CENTER

_____ Child's name

_____ Name

_____ Phone Number

_____ Relationship to child

_____ Name

_____ Phone Number

_____ Relationship to child

_____ Name

_____ Phone Number

_____ Relationship to child

_____ Name

_____ Phone Number

_____ Relationship to child

_____ Parent's Signature

_____ Date

You must notify the staff through written and/or verbal communication if there is anyone other than yourself picking up your child. Proper identification must be shown in order for your child to be released.