

Child Release Authorization

The following persons have my permission to pick up my child(ren) from St. Paul's School's Extended Day Program:

Name: _____ **Phone** _____

Physical Description: Hair _____ Eyes _____ Size _____

Other: _____

Relationship to child(ren) _____

Name _____ **Phone** _____

Physical Description: Hair _____ Eyes _____ Size _____

Other: _____

Relationship to child(ren) _____

Name _____ **Phone** _____

Physical Description: Hair _____ Eyes _____ Size _____

Other: _____

Relationship to child(ren) _____

Parent Signature _____ **Date** _____

*****Other Information** _____
