



Episcopal Church of the  
**ASCENSION  
DAY SCHOOL**  
Love. Laugh. Learn.

## Ascension Day School Authorization to Release a Child

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**If parents cannot be reached**, name one local person who will be available to assume responsibility for your child in case of an emergency.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby authorize my child to be released only to the following persons\*:

1) Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

4) Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

\*List names as they appear on a valid driver's license, as well as nicknames.

The following are persons to whom my child may **NOT** be released:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

It is the responsibility of the Parent/Guardian to update this record as necessary throughout the school year.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone/Contact Information: \_\_\_\_\_