



AUTHORIZATION TO RELEASE CHILD

CHILD'S NAME: _____

In case of an emergency, or if I am unable to pick up my child I, _____ parent/ guardian authorize The Preparatory School of Dripping Springs to release the above referenced child to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listed herein. Please refer to the Parent Handbook for more information on the Release of Children and Custody Orders. If there is an issue with a parent picking up this child please discuss it with the center director so the appropriate documentation can be obtained.

Parent/Guardian's Signature

Date

Please include anyone upon whom you may call in an emergency to help you with picking up your child. We have given four spaces, please copy this form or use additional pages as necessary. For the safety of your child, please inform all authorized pick up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up your child. If they do not have a government issued photo ID with them we WILL NOT release your child to them under any circumstance.

NAME:	RELATIONSHIP TO CHILD:
DRIVERS LICENSE NO.:	HOME PHONE:
CELL PHONE:	WORK PHONE:

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DRIVERS LICENSE NO.:	HOME PHONE:
CELL PHONE:	WORK PHONE:

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This PREP School is Individually Owned and Operated by R&S PREP SCHOOL OPERATING ONE