



Release Form  
Children of Faith School

\_\_\_\_\_  
Child's Name

The following persons have my permission to pick up my child:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

I understand that without a signed note\* from me informing the teachers in advance, my child will not be released to anyone other than the above persons. In addition, these persons need to have a picture ID when picking up your child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*In case of emergency, a telephone call from me with a description and name of the person will be acceptable as long as the person has a picture ID.

\_\_\_\_\_Yes

\_\_\_\_\_No