

Release Authorization

Corner Co-op Nursery School

I hereby authorize the Comer Co-op Nursery School to release my child(ren) to the following persons (**other than parents**). *Note: please include all the people you listed on the Medical Emergency Consent Form, plus any others you would like to authorize for pick-ups.*

Name(s) of child(ren): _____

Persons authorized:

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Name: _____ Relationship: _____
Address: _____ Phone #: _____

Parent's Signature: _____ Date: _____