



Arlington Heights Nursery School

*Established 1965*

## Release Consent Form

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

Please complete this section if you plan on having anyone other than parents or your three emergency contacts pick up your child. We will only release your child to individuals who you have authorized us to do so, and they must present a photo i.d.

I authorize Arlington Heights Nursery School to release my child to the following people (other than parents):

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Alternate Telephone #** \_\_\_\_\_ **Alternate Telephone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Alternate Telephone #** \_\_\_\_\_ **Alternate Telephone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Alternate Telephone #** \_\_\_\_\_ **Alternate Telephone #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Alternate Telephone #** \_\_\_\_\_ **Alternate Telephone #** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_