Hopewell School

Child Release Authorization

2009 - 2010

Dear Parents:

This alternative drop-off form has been created to identify the name of someone you know who would receive the child or adult in your care into their home in the event that he or she becomes too ill during the day to remain in the program and you cannot be reached. The form must be completely filled out before it is returned.

I, _____ ,give my permission for
Name of Parent/Guardian

_____ to be dropped off at home of and placed in the
Name of Son or Daughter

care of the individual listed below **IN THE EVENT I AM NOT HOME** when the bus arrives:

Check One:

_____ Friend
_____ Relative
_____ Neighbor

NAME: _____

ADDRESS: _____
_____
_____

PHONE: _____

DIRECTIONS: _____
_____
_____

****CHILD RELEASE AUTHORIZATION****

The Hopewell School is hereby authorized to release my child to the custody of the following people:

_____
_____

_____ ___
_____

_____ _ _
_____

Only the people identified above, my spouse and myself are allowed custody of my child unless I provide written authorization to officials at Hopewell School.

_____

Parent/Guardian Date