



Authorization for Release Form

Child's Name _____

Please list below all individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency and the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

Parents/Guardians

Mother's Name _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Father's Name _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Other People Authorized to Pick Up Your Child

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

I do hereby authorize Right Track Academy to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Right Track Academy from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Legal Guardian

Date