

Saint Hilary of Poitiers CARES Program

Release Authorization Form

2019-2020

The following individuals are authorized to pick up

_____ at the Saint Hilary of Poitiers
CARES Program.

1. _____ (_____)
Relationship
2. _____ (_____)
Relationship
3. _____ (_____)
Relationship
4. _____ (_____)
Relationship

I hereby understand that, for the protection of my child/children, he or she/they will not be given permission to leave the CARES Program with anyone not included on the list. It is my responsibility to notify the office of any deletions or additions to this list.

Parent's Signature