

Elk Grove Unified School District
PreK-6 Education

CHILD RELEASE FORM

Child's Name: _____ Site: _____

Parent's/Guardian's Name: _____

Phone (Home) _____ (Other) _____

In the event that I am unable to pick my child up from preschool, I, _____, give my permission/consent for my child, _____, to be released to the following adult(s) who are at least 18 years of age and are recognized by my child.

If I arrange for my child to be picked up by someone not listed below, I understand that I must notify the classroom teacher by phone or in writing. Further, I understand that any adult who picks up my child must provide a photo identification card. If these requirements are not followed, I understand that my child will not be released to an adult other than myself or another custodial parent/guardian.

Parent/Guardian Signature: _____ Date: _____

2nd year Initial _____ Date: _____

PARENT/GUARDIAN: Please provide a minimum of two adults who have permission to pick up your child from the classroom.

ADULT'S NAME	Local (916) Area Code PHONE NUMBER	RELATIONSHIP DESCRIPTION
1.		
2.		
3.		
4.		

Review/Update

1st Parent Conference:

Parent/Guardian Signature Date

2nd Parent Conference:

Parent/Guardian Signature Date

2nd year

1st Parent Conference:

Parent/Guardian Signature Date

2nd Parent Conference:

Parent/Guardian Signature Date