

Hutto ISD Child Development Center

CHILD RELEASE and DROP OFF AUTHORIZATION

Name of Child: _____

Name of person authorized to drop off or pick up child: _____

Date(s) for child to be brought to school: _____

Date(s) for child to be picked up: _____ Time: _____

Name of person giving permission: _____

Parent/Guardian signature: _____

Permission obtained: ___ in person ___ by phone ___ in writing

If obtained by phone, staff person's name who took the call: _____

* Please staple written authorizations to this form. Form should be kept on file in the child care office.

STAFF MUST CHECK PHOTO ID WHEN A CHILD IS PICKED UP BY SOMEONE OTHER THAN A PARENT OR GUARDIAN. COMPLETE THE INFORMATION BELOW.

Name of person to whom child is released: _____

Picture ID # _____

Name of staff releasing child: _____

Date: _____ Time: _____