



AUTHORIZED RELEASE FORM

The following persons may pick up your child from Springbok Academy. No child will be released without the adult(s) listed providing identification. ** Your child will not be released to anyone not listed on this form – no exceptions. Please include parents on this list, too.

DELETIONS/ADDITIONS TO THIS LIST MUST BE MADE IN WRITING

Person's Name: _____ Male Female

Driver's License or Social Security #: _____

Phone #: _____

Address: _____

Relationship to child: _____

Person's Name: _____ Male Female

Driver's License or Social Security #: _____

Phone #: _____

Address: _____

Relationship to child: _____

Person's Name: _____ Male Female

Driver's License or Social Security #: _____

Phone #: _____

Address: _____

Relationship to child: _____

Person's Name: _____ Male Female

Driver's License or Social Security #: _____

Phone #: _____

Address: _____

Relationship to child: _____

Those listed above are authorized to pick up my child: _____

Signature

Date