

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: \_\_\_\_\_