TRINITY LUTHERAN PRESCHOOL

110 High St., Ashaway ,RI 02804 (401) 377-4216

CONSENT TO RELEASE FORM

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **,**authorize the following people to pick up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from school at any given time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

Persons picking up child must have a picture ID to show staff.

Name Relation to Child Phone

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Is there a restraining order against another individual that may try to come in contact with your child?\_\_\_\_\_\_\_\_\_\_\_\_ Please provide a copy of the court document to have on hand.

In the event of an emergency when the child needs to be released to someone not listed, the parent must call the school prior to release and provide the following password for verification.

My password is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*You are responsible for remembering your own password. Your child cannot be released to a person NOT on this list, without it.