FSA Child Care

CHILD RELEASE AUTHORIZATION

My child may be released to the folowing people:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

FSA child care cannot refuse to release a child to his/her parents without a copy of a court order.
I understand that my child's record is available for me to review at any time. This information is confidential except to appropriate FSA child care staff and consultants, unless I give written permission to release it.

Parent's signature _____ Date _____