



Box 68 Jericho, VT 05465 899-3832

## Release Authorization

Child's Name

Date

\_\_\_\_\_

The following people have permission to pick up my child from SHSI:

Any parent/guardian of children enrolled in my child's class at SHSI: Yes No

Others - Include relatives, friends, and caregivers who have reason to pick up your child during the year:

Name	Phone	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHSI will not release a child to anyone not on the above list. If someone other than those on the above list will be picking up your child, please send a note to school that day.

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_