

Authorization for Release/Visitation of Child

Child's Name: _____

Visitation: I give permission for First Lutheran EEC to allow on-site visitation of my child by the person(s) denoted below.

Release: I understand I am responsible for the transportation of my child to and from First Lutheran EEC. I may designate a substitute to pick up my child in case I am unavailable. The people listed below are the only persons authorized to pick up my child. I understand that I must notify First Lutheran EEC staff if any of this information changes.

Name	Phone Number	Relationship	Release	Visitation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note any comments, restrictions or exceptions: _____

- My authorization is given for three (3) years and will not be valid after this period, unless I renew this authorization.

Parent/Guardian signature

Date

First Lutheran EEC staff signature

Date