

**NUTLEY BOARD OF EDUCATION
EXTENDED DAY PROGRAM**

CHILD RELEASE AUTHORIZATION

CHILD'S NAME: _____

SCHOOL: _____ GRADE: _____ Year **2019-2020**

List below, the names of all the people **(18 years of age or older)** who **you authorize** to pick up your child/children, if you are unable to pick them up yourself. These people will be asked **to show identification** before they will be able to leave with your child.

NO EXCEPTIONS!

NAME

RELATIONSHIP

PHONE

If there is a person who is not legally allowed to pick up your child, list their name, relationship to child and attach the appropriate court order to this form.
