



AUTHORIZATION TO RELEASE CHILD – IN PERSON

I authorize the Shrewsbury Children’s Center, Inc. to release my child:

_____ to _____
Child’s Name Authorized Person

On _____ at _____
Date Time

_____ Tel# _____
Parent/Guardian Signature

Relationship: _____ Known by child: Yes No

Physical Description

Height: _____ Age: _____ Hair: _____

Auto Information: Yr. & Make: _____ Color: _____