

**Jubilee Junction
Release Authorization Form**

As the parent/guardian of (child's name)_____

I authorize the following people to pick him/her up from JUBILEE JUNCTION:

I understand that my child will not be released to anyone other than those persons who are listed above. If there are any changes to this list, they must be submitted in writing. If any last minute changes must be made, the parent my notify the Director by phone.

Friends or family members listed above should be made aware that they will be asked to show a picture identification upon picking up your child.

Parent/Guardian signature

Date

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