

SUMMER

Conejo Valley Unified School District Child Care Program

Sign-Out Authorization

Child's Name: _____ School: _____

Child's Name: _____

This form must be filled out in addition to the Emergency Authorization. Children will only be released to people who are listed on this form. **Please list names of all persons who are authorized to sign out your child** (including yourself, spouse, siblings, friends, etc.):

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

List two local persons who could be called to pick up your child in your absence

1. Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

2. Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Parent/Guardian Signature