



LUTHERAN CHURCH OF THE CROSS  
SUNBEAMS LUTHERAN SCHOOL

### Child Release Form

I, \_\_\_\_\_, authorize the release of my child, \_\_\_\_\_, into the care of the following adults during the school year:

<u>NAME</u>	<u>RELATIONSHIP to CHILD</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

These adults have been informed that picture identification may be required and that my child must be released to them by the teacher. All adults will sign the child out before departure.

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The following adults are NOT ALLOWED to pick up my child from school.

<u>NAME</u>	<u>RELATIONSHIP to CHILD</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Today's Date*