

Toledo Islamic Academy

Child Release Form

The Following people HAVE permission to pick up the child named below from Toledo Islamic Academy

Child's Name: _____	Age: _____	Sex: _____
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1-

Name: _____ D.L. # _____ Relation to the child: _____

Address: _____ Phone: _____

2-

Name: _____ D.L. #: _____ Relation to the child: _____

Address: _____ Phone: _____

3-

Name: _____ D.L. #: _____ Relation to the child: _____

Address: _____ Phone: _____

The following people MAY NOT pick up my child from Toledo Islamic Academy

1-

Name: _____ D.L. #: _____ Relation to the child: _____

Address: _____ Phone: _____

2-

Name: _____ D.L. #: _____ Relation to the child: _____

Address: _____ Phone: _____

For your child's safety, all individuals unfamiliar to me will be required to show proof of identification.

Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Parent Signature

Parent Signature

Date: