

MIAMI
AUTISM
RECOVERY
PRESCHOOL

RELEASE AUTHORIZATION FORM:

Child will be released only to the custodial parent or legal guardian and the persons listed below.

The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name:_____ Phone Number: (__ __ __)-__ __ __- __ __ __ __

Address: _____ DL # :_____

Name:_____ Phone Number: (__ __ __)-__ __ __- __ __ __ __

Address: _____ DL # :_____

Name:_____ Phone Number: (__ __ __)-__ __ __- __ __ __ __

Address: _____ DL # :_____

Name:_____ Phone Number: (__ __ __)-__ __ __- __ __ __ __

Address: _____ DL # :_____