

The River Preschool
5546 Cincinnati Dayton Rd
Liberty Township, OH 45044
(513) 755-7777 ext 2

Child Release Form

I give my permission for:

Child's Name: _____

Child's class/teacher (i.e. 4am/Ms. Kelli): _____

To be released from school to the following persons:

Name	Relationship	Phone
_____	Mother _____	_____
_____	Father _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include names of spouse, siblings of driving age, car pool parents, and childcare persons. Should an emergency arise, written permission or telephone call will be necessary for the release of a child to someone other than those persons listed above. Anyone not listed above must show a photo ID for proof of identification for release to occur.

Signature _____

Date _____