

MONARCH CHILD CARE SOCIETY
10210 – 108 AVENUE, EDMONTON, AB T5H 1A8

I hereby authorize the Monarch Child Care Society to release my child(ren) to the following persons:

NAME	RELATIONSHIP TO CHILD	TELEPHONE #

Is there anyone to whom your child(ren) **CANNOT** be released:

***NOTE: Under special circumstances, if a person other than those designated on this form will be picking up your child(ren), the parent or guardian must inform the Centre staff, and provide written consent. This is for the protection of your child(ren).**

PARENT/GUARDIAN SIGNATURE