



ASK US

AFTER SCHOOL KIDS UNDER SUPERVISION, INC.

AUTHORIZED RELEASE FORM

Child's Name _____

Child's Name _____

Child's Name _____

PERSON(S) TO WHOM MY CHILD/CHILDREN MAY BE RELEASED TO:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

IN CASE OF EMERGENCY, PLEASE LIST TWO PEOPLE TO BE CONTACTED IN THE EVENT PARENT(S)/GUARDIANS CANNOT BE REACHED.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent/Guardian signature _____ Date _____