

# Longwood Medical Area Child Care Center

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## Authorization to Release Child

The following relatives and friends are authorized to drop off and pick up my child at LMACCC. I understand that I need to notify the classroom teachers as well as the Administration each time someone other than a legal parent or guardian is picking up my child.

1. \_\_\_\_\_  
Name, Address, Telephone

2. \_\_\_\_\_  
Name, Address, Telephone

3. \_\_\_\_\_  
Name, Address, Telephone

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date