

DARTMOUTH GIRL POWER RELEASE FORM

As a safety precaution, no child will be released to anyone who is not listed on the form below. Please include parents on the list. Thank You!

Child's Name _____

The following adults have my permission to pick-up my child following group time:

Adult Name	Address	Phone	Relationship

ALL INFORMATION IS STRICTLY CONFIDENTIAL.

Parent/Guardian Signature

Date

Address

Home phone

Work phone

Cell phone

PLEASE RETURN THIS COMPLETED FORM TO KEVIN LEE, YOUTH ADVOCATE. Thank You!