

LAKE COUNTY BOARD OF DD/DEEPWOOD
BROADMOOR SCHOOL
AUTHORIZATION TO RELEASE FORM

CHILD'S NAME: _____ **DATE:** _____

The following individuals (*not parent or guardian*) have permission to pick up my child:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1. _____	_____	_____ (H)
	_____	_____ (W)
	_____	_____ (C)
2. _____	_____	_____ (H)
	_____	_____ (W)
	_____	_____ (C)
3. _____	_____	_____ (H)
	_____	_____ (W)
	_____	_____ (C)

I understand that I will need to notify the school in advanced, if someone else will be picking up my child, and that the school staff will require a photo ID from the authorized individual.

Parent/Legal Guardian

Date