



**Saint Hilary of Poitiers CARES Program**  
***Release Authorization Form***  
**2020-2021**

The following individuals are authorized to pick up

\_\_\_\_\_ (student/s names)

at the Saint Hilary of Poitiers CARES Program.

1. \_\_\_\_\_ ( \_\_\_\_\_ )  
Relationship
2. \_\_\_\_\_ ( \_\_\_\_\_ )  
Relationship
3. \_\_\_\_\_ ( \_\_\_\_\_ )  
Relationship
4. \_\_\_\_\_ ( \_\_\_\_\_ )  
Relationship

I hereby understand that, for the protection of my child/children, he or she/they will not be given permission to leave the CARES Program with anyone not included on the list.

It is my responsibility to notify the office of any deletions or additions to this list.

\_\_\_\_\_  
Parent's Signature