SMOLAK FARMS
AUTHORIZATION OF RELEASE
(978) 687-4029

Child's Name_____ Parent's Name_____

Address_____
Street Town State Zip Code

Home Phone_____ Cell/Work Phone_____

I, the parent/guardian of _____, authorize the following People to be responsible for picking up my child from Smolak Farms' education program

1. _____ _____
Name and Relationship Address and Phone Number

2._____ _____
Name and Relationship Address and Phone Number

3._____ _____
Name and Relationship Address and Phone Number

I will call no later than 1 hour prior to the scheduled pick up time to inform the Educational and Activities Office if another person is to pick up my child.

Parent/Guardian Signature_____

Date_____