

Name _____

METHODIST WEEKDAY SCHOOL
2600 Massachusetts Avenue Lexington, MA 02421
781-862-8489

CHILD RELEASE AUTHORIZATION (CARPOOL LIST)

I hereby authorize the Methodist Weekday School to release my child _____
(child's full name)

to the following persons (other than parents):

1. Name _____ Relationship _____

Address _____ Telephone _____ Cell phone _____

2. Name _____ Relationship _____

Address _____ Telephone _____ Cell phone _____

3. Name _____ Relationship _____

Address _____ Telephone _____ Cell phone _____

EMERGENCY CONTACT INFORMATION:

**In an emergency, please
indicate the order (1-4) you
would like us to call**

Mother

Business name _____

Business address _____

Work telephone w/ area code _____

Mother # _____

Home telephone w/ area code _____

Cell phone w/ area code _____

Pager or beeper w/ area code _____

Father

Business Name _____

Business address _____

Work telephone w/ area code _____

Father # _____

Home telephone w/ area code _____

Cell phone w/ area code _____

Pager or beeper w/ area code _____

Other Emergency Contacts:

1. Name _____ Relationship _____

Other # _____

Telephone w/ area code _____

2. Name _____ Relationship _____

Other # _____

Telephone w/ area code _____

Parent Signature

Date