Preston Center
OF COMPASSION
Where hearts connect and lives are transformed

Dismissal Consent Form

This form will serve as an authorization for any adult whom you designate to pick up your child from Preston Center of Compassion's Programs.

Please list your name (as #1) and all other authorized adults to whom you give permission as #2, #3, #4, and #5.

Participants will be released only to persons you authorize. **The person picking up your child(ren) must present PHOTO ID (**such as a driver's license) to the staff and be listed below. If plans change and someone not listed on this form needs to pick-up your child, call the Center Office to advise us and send **WRITTEN PERMISSION** with the person picking up your child.

Child's Name: _____ will be picked up at Preston Center of Compassion by (please print the name of any Parent/Guardian or adult, authorized to pick up the child at the end of his/her day or any given time they leave).

1._____
2._____
3._____
4._____
5._____

Parent/Guardian Signature: _____
Date: _____