

**WADSWORTH CITY SCHOOLS
BEAR CUB ACADEMY**

TO WHOM THE CHILD MAY BE RELEASED

In addition to the undersigned, _____ may be released
(Student's name)

ONLY to the following people:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If applicable)

MY CHILD IS NOT TO BE RELEASED TO

_____	_____
_____	_____

_____ Date

_____ Parent(s)/Guardian(s) Signature

I understand that Bear Cub Academy Staff will not release my child to anyone not on this list. Anyone picking up my child that appears on this list, but is not known to the staff will be asked to present a photo ID.

I will notify Bear Cub Academy Staff in writing if any changes need to be made to this list.