

## Program Dismissal Procedures

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

My son/daughter may be released from program to the following individuals:

_____	_____
_____	_____
_____	_____

My son/daughter should NOT be released from program to the following individuals:

_____	_____
_____	_____

My son/daughter needs staff supervision while waiting for pick-up.

\_\_\_\_\_ Yes or \_\_\_\_\_ No

My son/daughter can travel home from program independently.

\_\_\_\_\_ Yes or \_\_\_\_\_ No

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date