

Permission For Another Person
To Remove Child From Center

Child's name: _____ Home Phone: _____
Address: _____

Mother's Name: _____
Mother's Work Phone: _____

Father's Name: _____
Father's Work Phone: _____

**The Following individual(s) have permission to remove my child from the
Thomaston Recreation Department's Summer Playground.**

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

I agree to supply a written note and/or phone call to the Director of the Summer
Playground for each time that the above named individual(s) will be removing my child
from the program. I further agree that the above named individual(s) may be required to
show positive proof of identification before leaving the program with my child.

(Parent/Guardian signature)

(Date)