



Authorized Child Release Agreement

Student Name : _____

Grade: _____

I/We authorize teachers and administration at The Waldorf Independent School of Edmonton to release the student listed above to the following adults, who are not the student's legal guardian.

Full Name of Adult	Home Phone Number	Cell Phone Number	Approved Time of Release: Lunch / End of Day / Any

I/We understand that legal guardians are permitted to remove a child from programming unless legal documentation stating otherwise is provided to Administration and that it is the responsibility of all co-parenting families to approve the list above.

To ensure the safety of my/our child, it is my/our responsibility to notify the Waldorf Education Society of Edmonton well in advance of any changes in this release agreement.

1. Parent / Guardian Name : _____ Signature : _____

2. Parent / Guardian Name : _____ Signature : _____

Date: _____