

4-H Member Early Release Form

If it is necessary for your child to leave early, this authorization form must be completed in full and turned in at check-in time. Full-time participation is encouraged.

I, _____ hereby authorize the person(s) listed below to pick
(Parent/Guardian Name)

up _____ at the _____.
(Child's Name) (Name of Event)

We expect to pick up this child at _____ on _____.
(time) (date)

Name(s) of person(s) who are authorized to pick up my child:



4-H Member Restricted Release

*THIS ONLY NEEDS TO BE FILLED OUT IF YOU ARE CONCERNED
WITH WHO WILL PICK UP YOUR CHILD!*

I, _____ hereby authorize the person(s) listed below to pick
(Parent/Guardian Name)

up _____ at the _____.
(Child's Name) (Name of Event)

We expect to pick up this child at _____ on _____.
(time) (date)

Name(s) of person(s) who are authorized to pick up my child:

Signed (Parent/Guardian) _____