



Authorized Release Form

Connect AFC Shuttle

I _____ Father/Mother/Guardian (Circle One)

of _____ do hereby give consent for my child to be transported by

Connect AFC to the designated activities listed below.

Sign _____ Date _____

Activity List

Activity - Location	Day/Time	Authorized Release Persons
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.

I understand that if the above Release Persons are not available to sign for my child's release, my child will be taken back to Connect AFC unless the following conditions are met:

1. I am able to be contacted via phone and/or Facetime to confirm the identity of an additional release person.
2. I am able to send a text message to the Connect Director giving my permission to release my child to the additional release person, including the first and last name of the authorized person.

Sign _____ Date _____