

PERMIT FOR OTHER ADULT PROGRAM SIGN-OUT

I give my permission for my son/daughter (please print)

First Name

Last Name

To be signed out of the ASES program by (please print up to three others)

First Name

Last Name

Relationship (relative, friend, etc.)

First Name

Last Name

Relationship (relative, friend, etc.)

First Name

Last Name

Relationship (relative, friend, etc.)

Please print parent's first and last name

Parent Signature

PERMIT FOR SIBLING PROGRAM SIGN-OUT, MUST BE 18+

I give my permission for my son/daughter (please print)

First Name

Last Name

To be signed out of the ASES program by (please print)

First Name

Last Name

The person to whom I am giving permission to pick up my child is my son/daughter's sibling, who is 18 years of age or older.

Please print parent's first and last name above

Parent Signature

(ASES/Program Documents/Other Adult/Sibling Sign-Out Permit.doc)