

Thomaston Recreation Department

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)