

# BETHANY ACADEMY



6537 RISING SUN AVENUE, PHILADELPHIA, PA 19111  
(215) 742-1300

I, \_\_\_\_\_, authorize **Bethany Academy** to release my child(ren) to the person(s) designated. This is in consonance with the **Bethany Academy** Emergency Plan.

Child's Name

Designated Custodian (s) Name & Relationship

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Your Signature

Relationship

Date

Print Name

Address

Address

(Home Phone)

(Work)

(Cell)

*NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.  
PLEASE PRINT CLEARLY.*