

PARENTAL/ GUARDIAN RELEASE FORM

I, _____, as parent and /or guardian for my minor son/daughter, _____, hereby relieve Interface Youth Program/CDS, Inc. and it agents of any responsibility toward the child named above, I do hereby continue complete responsibility for the child.

Immediate living arrangements will be:

Name Relationship

Address

City State Zip

(_____) _____ - _____ (A follow-up call will occur in about six months)
phone #

_____ (initial) My son/daughter **did** have medication at Interface and I have received the remaining medication.

_____ (initial) My son/daughter **did not** have medication at Interface.

Parent/Legal Guardian Date / /

Witness Date / /