

Date _____

I, _____, hereby give permission for Archbishop Damiano School and
(print name of parent/guardian)

the St John of God Aftercare program/ Here We Grow Learning Center to release any and all information regarding

my child _____ .
(print name of child)

It is understood that these records are confidential.

Parent/Guardian Signature _____ Date _____

Relationship to child _____

This release will be in effect for one year unless revoked in writing.

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