



Canadian Hemophilia Society
Help Stop the Bleeding
Société canadienne de l'hémophilie
Arrêtons l'hémorragie

Child Released To Another Parent / Adult Release Form
(To be brought with child already filled out for registration)

I, _____ am the parent or legal guardian of
(Print minor's name) _____, and I certify that
(Print adult's name) _____ will be picking my child up on
_____ as I am not able to attend.

Signature of parent or guardian: _____

Printed name of parent or guardian: _____

Date: _____