INFANT RELEASE AUTHORIZATION

To be submitted by the hospital to the Nevada State Division of Child and Family Services BEFORE physical custody of a child is released to a person other than a parent or relative.

I. PARENT'S AUTHORIZATION (To be filled out completely before parent signs)

I,____, the mother of ____

Born to me at _______________________________________ Hospital on ____________________________________authorize
Date

said hospital to release my child to ____
Name

____
Permanent Address: Street City State Zip

For the purpose of ____
e.g.: adoption, transfer to another hospital, foster care, boarding care pending adoption

This consent is for the release of my child from the hospital only and does not constitute a consent or relinquishment of my child for adoption.

Dated this _________ day of ___________________, 20_________ ____
Signature of mother (even if minor) or authorized person having legal custody of child

Witness ____ ____
Witness Signature Permanent address of mother or guardian

II. ACKNOWLEDGEMENT BY PERSON(S) RECEIVING CHILD

We (I) have on this _________ day of ___________________, 20_________ received from ________________________________
Hospital

The child ____ for the purpose of _______________________________________

Witness ____ ____
Signature(s) or person(s) receiving child

Identification of person (s) receiving child: ____

Driver's Lic. No. ____ ____

So. Sec. No. ____ ____
Permanent address: Street City State

Other ____

III. REPORT OF HOSPITAL

____
Name of hospital Street City State

Name of mother ______________________________ Current address____

Date of arrival _____________________________________ Date of discharge____

Attending physician ____
Name Address

Name of
Child's father ________________________________ Address ____

Child's name ______________________________________ Sex _________ Date Child released____________________________

____
Signature of administrator or designated representative

Mail or fax a copy to: **DIVISION OF CHILD AND FAMILY SERVICES,** Social Services Adoption Specialist
4126 Technology Way, 3rd Floor, Carson City, NV 89706
Fax: (775) 684-4456

Revised 5.2018