

INFANT RELEASE AUTHORIZATION

To be submitted by the hospital to 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 _____ Date _____ authorize
said hospital to release my child to _____ Name _____
_____ Number Street Permanent address City State _____
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 _____ Permanent address of mother or guardian _____

II. ACKNOWLEDGMENT 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) of person(s) receiving child _____

Identification of person(s) receiving child: _____
Driver's Lic. No. _____
Soc. Sec. No. _____ No. Street Permanent address City State _____
Other _____

III. REPORT OF HOSPITAL

_____ Name of hospital No. Street City and 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

DISTRIBUTION: Original-Hospital; One copy-Nevada Division of Child and Family Services; One copy-Person Receiving Child