

# 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  
said hospital to release my child to \_\_\_\_\_  
Date  
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