

Authorization to Pick Up

Child's name _____

Parent(s) name(s) _____ Emergency phone: _____

Usual person picking up child:

Name: _____

Address: _____

Relation to child: _____

Phone: _____

Note: Any person unfamiliar to the teacher and/or administrator will be required to show proof of identification. The child will not be released to anyone other than those listed below without written permission from the parent.

Additional persons who may pick up child (other than parents or persons listed above):

Name: _____

Address: _____

Relationship to child: _____

Phone: _____

Name: _____

Address: _____

Relationship to child: _____

Phone: _____

Name: _____

Address: _____

Relationship to child: _____

Phone: _____

Name: _____

Address: _____

Relationship to child: _____

Phone: _____

Any person(s) NOT authorized to pick up my child:

Name: _____

Relationship to child: _____

Parent/Guardian's signature _____ **Date** _____

Please staple a recent family picture: