



AUTHORIZATION TO PICK UP CHILD

Child's name _____

Parent/Guardian _____

Persons Authorized to pick up above named child (please print clearly)

NAME

RELATIONSHIP

I hereby give standing permission for the above named individuals to pick up my child. I understand that if persons other than the parent/guardian(s) will be picking up my child, I must call and give verbal authorization to the school. Children will not be released to individuals without permission from the parent/guardian.

***Please list any custody information that the school should be aware of on the back of this form.**

Parent/Guardian

Date

Parent/Guardian

Date