

# Authorization for Pick Up of the child

Completion of this form is to give the teacher/office permission to release your child/children to the names listed below.

List **all** individuals (at least 16 years of age) are authorized to pick up your child/children.

**List names of the parents' first time.** A photo ID may be necessary and staff has the power not to release children/children. Parents will be contacted at that time.

Any person authorized to pick up a child/children must come to the office and sign child/children out.

**\*\*Please update when changes occur.**

**NAME OF THE STUDENT** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

1. The **parent / guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

5. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

6. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

7. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

Parent / guardian Signature: \_\_\_\_\_

Parents Printed / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_