

Pick Up Authorization



To be completed by school	
Start Date:	
Termination Date:	

Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_

I \_\_\_\_\_, give permission for the following persons (other than myself/ourselves) to pick up my child as necessary:

Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____
Name: _____	Relationship: _____
Day Time Number _____	Cell _____

The person(s) named above may be required to show their driver's license to confirm identity.