

Pick-Up Authorization Form

Child's Name: _____

PICK UP INFORMATION

The people listed below have my authorization to pick-up my child from the school. I will inform my child's teachers/director, each time a special pick-up is necessary. *(Please provide a copy of a photo ID for all person(s) authorized to pick up child)*

Person Authorized to Pick-up child: Once Only Multiple times (As needed)

Name: _____	Relation to Child: _____	Phone: () _____
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Name: _____	Relation to Child: _____	Phone: () _____
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Signature of Parent or Guardian

Date