

## 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: (    ) _____
Name: _____	Relation to Child: _____	Phone: (    ) _____

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*