



CHILDREN PICK UP AUTHORIZATION FORM

Your child's safety is of concern to the school.

Provide the school with names of persons other than yourselves, authorized to pick up your child(ren).

Child(ren) Name(s):

I authorize the following person(s) to pick up my child(ren) from the school.

1. _____
2. _____
3. _____

Parent's Signature : _____

Date : _____