



**2025-2026 Authorization for Pick Up**

**Child's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Please fill out the form below relating to those persons authorized to pick up your child from school. If it is ever necessary for someone *other than those listed* to pick up your child you must fax us written authorization in order for us to release your child. Please be aware that the person will be asked to provide current/valid photo identification. **Parents must be listed.**

**If there are any custody issues we must have legal documentation with regard to who can pick up your child and on what days.**

Please provide contact information for **at least 3 individuals** who can pick up your child *within a half hour* in case of an emergency.

**1.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**2.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**3.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Use the back, if more space is needed.**

**2025-2026 Authorization for Pick Up cont.**

**4.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**5.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**6.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_