



**2026-2027 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.**

**2026-2027 Authorization for Pick Up cont.**

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

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

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

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

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

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

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

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

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

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

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

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

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