

I/We give permission for my child _____ to be picked up daily by the name(s) of all person(s) listed below. Please note that this information is in conjunction with the Emergency Form and only those listed will be authorized for daily pick up not emergency.

1. _____
Last First relationship to child

Street/Apt.# City State Zip Code

2. _____
Last First relationship to child

Street/Apt.# City State Zip Code

3. _____
Last First relationship to child

Street/Apt.# City State Zip Code

4. _____
Last First relationship to child

Street/Apt.# City State Zip Code

5. _____
Last First relationship to child

Street/Apt.# City State Zip Code

Print name

Parent/Guardian Signature Date

Print name

Parent/Guardian Date