

PERMISSION SLIP FOR RELEASE OF CHILD TO AUTHORIZED PICK-UP

Please complete this section when your child will be picked up by someone other than parents. Your child will not be released without proper identification of authorized pick-up.

Child's Name: _____ Today's Date: _____

Teacher: _____

Name of person authorized to pick up my child: _____

Phone Numbers of authorized person: _____

Date of authorized pick-up: _____ Time: _____

Parent Signature

Date

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