

Authorization Pick-Up Form

(this is an optional form, in the event that your 2 required emergency contacts listed on the *Child's Enrollment and Health Information Form* cannot pick-up your child)

Child's Name: _____

I _____ authorize any of the people listed below to pick up my child, in the event I cannot pick up my child from St. John's Lutheran School.

Parent Signature/Date

PERSONS AUTHORIZED TO PICK-UP MY CHILD (3 additional)

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NAME: _____ Phone #: _____

Address: _____ Driver's License #: _____

Relationship to child: _____

=====

NAME: _____ Phone #: _____

Address: _____ Driver's License #: _____

Relationship to child: _____

=====

NAME: _____ Phone #: _____

Address: _____ Driver's License #: _____

Relationship to child: _____