

# CHILD PICKUP AUTHORIZATION

Student's Name \_\_\_\_\_

*The following individuals have permission to pickup my child(ren) from Word of Life Lutheran School.*

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

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Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

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Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

*Under no circumstances will my child be released to anyone other than the individuals named above without prior written or oral authorization.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_