



## Child Pickup Authorization

The following individuals have my permission to  
Pick up my child from Preschool

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

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

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

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

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

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

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

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

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

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

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

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

Special Remarks or Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

