

KULM ELEMENTARY SCHOOL

CHILD PICK-UP AUTHORIZATION FORM

Child's name: _____

Main pick-up person:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Additional persons who may pick up child/children on a less frequent basis:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

any person(s) NOT authorized to pick up my child/children:

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____