

Crosby Methodist Weekday School

AUTHORIZATION TO RELEASE STUDENT

Child's Name _____

In addition to the parents of the above-named child, the only persons authorized to pick up my child from Weekday School without my permission are listed below.

I understand the Weekday School will refuse to release my child to any persons not named below unless I have given my permission. Written permission for specific instances will be accepted.

I understand that a picture ID will be required if the person picking up my child is not known to Weekday School staff.

Name	Complete Address	Relation to child	Phone number(s)
Name	Complete Address	Relation to child	Phone number(s)
Name	Complete Address	Relation to child	Phone number(s)

(Use back of page if more spaces are needed.)

If there is any person who is specifically excluded from picking up your child, please provide us with this information and any legal documents.

I agree that I will leave my child at the Weekday School ONLY in the presence of a staff member. I will not pick up my child from the Weekday School without making a staff member aware of my child's departure.

I understand it is my responsibility to update this information if it changes during the school year.

Signature of Parent or Legal Guardian

Date