

Authorized Pick-Up Form

I, _____, the parent of _____, authorize The Little School to allow the following people to pick-up my child. I also authorize The Little School to contact the following people in the event of an emergency or if I have not been able to pick my child up from The Little School by the closing time of 5:45pm.

I understand that The Little School will NEVER release my child to any adult not included on this list under any circumstances including an emergency. I also understand that if I want to add any names to this list I must do so in person and with one of The Little School directors present.

Finally, I understand that those persons authorized on this list MUST show picture identification in order to have my child released to them. There will be no exceptions to this policy.

I authorize the following people to pick up my child:

Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____

Parent Signature: _____ Date: _____

Printed Name _____