



Authorized Pickup

9/28/21

Authorization for alternate pick up for my child/children

1.	_____	ph#	_____	pin	_____
2.	_____	ph#	_____	pin	_____
3.	_____	ph#	_____	pin	_____
4.	_____	ph#	_____	pin	_____

Date(s): _____ to _____
Specific date or first and last dates for a specific period

I understand that the individual picking up my child must provide a picture identification. I also acknowledge that it is my responsibility to notify the school every day that any individual on this authorization form will be picking up my child. The school reserves the right to insist that a parent or guardian pick-up their child in the event that any of the following **has not** occurred:

- a. The individual picking up the child has proper identification - D.L. or passport.
- b. Parents have called/text the school on the day of alternative pickup.
- c. This letter has been hand delivered to the school by a parent, prior to the pick up time.
- d. I authorize this person to have a Procare pin for pick up.

Parent signature

Date

Office Admin

Date