

**Episcopal Day School
PICK-UP AUTHORIZATION FORM**

Child's Name: _____ Code Word: _____

The following person/people have permission to pick-up my child from school. These people will be required to show a photo ID (legal identification that includes a photograph) before they will be allowed to pick-up a child for the first time. These people may also be asked to provide the code word you have provided above.

| Name | Telephone Number | Relation & Description of Person |
|-------|------------------|----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand this form gives permission to the above named individual to pick-up my child at any time from Holy Trinity Episcopal Day School. I understand that if I need someone other than the above named individual to pick-up my child, a Daily Permission form must be completed, signed and submitted to my child's teacher. People who are not listed on this form and have not been specified to pick-up my child on a Daily Pick-Up Permission form will only be allowed to pick up my child if all of the following criteria has been completed: I provide notification by both email and phone call to the school office of the person's name and telephone number stating that they have permission to pick-up my child. The person will also be required to show proof of identification with a photo ID and state the code word provided above.

Parent's/Guardian's Signature: _____ Date: _____

Phone numbers (including cell #) where parent/guardian can be reached during pick-up times:

| Parent's/Guardian's Name | Phone Number |
|--------------------------|--------------|
| _____ | _____ |
| _____ | _____ |