

PICK-UP AUTHORIZATION FORM

Child's Name: _____ Code Word: _____

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

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
_____	_____
_____	_____