

Pick Up Authorization

Child's Name: _____ Class: _____

Please list any people that you authorize to pick up your child from school on a regular basis.

Name: _____ Relationship: _____

Address: _____ Contact Number: _____

Name: _____ Relationship: _____

Address: _____ Contact Number: _____

Name: _____ Relationship: _____

Address: _____ Contact Number: _____

I hereby authorize the persons listed to pick up my child from school. I have included myself and my spouse (if appropriate.) I understand that any person authorized to pick up my child may do so at any time during the school day without prior approval. I have not included persons who may occasionally pick up my child. For those occasions, I will notify the school in writing including a description. In the event that they are unknown to staff, they will be asked for picture identification. I certify that none of the above are younger than sixteen years of age and that I will inform the persons so listed that they are authorized to pick up my child.

The undersigned, as parents or legal guardians for the above named child, hereby give permission to Open House Nursery School to:
- In the event of an emergency and none of the above persons can be reached, I give the Nursery School permission to contact a physician and/or arrange for proper transportation to the hospital for care.

I also understand that if I choose to contract with a teacher of OHNS to care for my child outside of school, that I do so at my own liability holding the nursery school harmless.

Your signature below indicates that you have read and agree. One signature is sufficient, but both parents may sign.

Signature

Date

Signature

Date