



AUTHORIZATION TO PICK UP Summer 2019

Child's Name _____

I hereby authorize St. Luke's Day School to allow my child to leave the school facility ONLY with the following persons:

(Please print complete name, relationship to child, and phone number; **include parents.**)

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	Parent: _____	_____
2. _____	Parent: _____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Under no circumstances will your child be released to anyone not known to the school without written authorization from you, the parents or guardian. A teacher who does not recognize a person who comes to pick up a child will check this sheet to make sure that person has been authorized by you. That person must then show her/his driver's license for identification. **NO ONE WILL BE ALLOWED TO TAKE YOUR CHILD FROM HIS/HER CLASSROOM WITHOUT WRITTEN PERMISSION FROM YOU.** So remember, if a carpool is set up, all drivers must be on your child's list.

If the above information changes, please come to the Day School office to complete the Authorization Change Form.

Signature of Parent

Date