

AUTHORIZATION FOR STUDENT PICK-UP

Child's Name _____

We have the right to ask for identification, such as a driver's license.

I hereby authorize that my child (listed above) may be picked up by:

myself _____ or my spouse, _____

or by alternate persons:

_____ telephone number _____

_____ telephone number _____

_____ telephone number _____

_____ telephone number _____

_____ telephone number _____

The following person (s) **may NOT pick up** child:

I, _____, authorize Christian Love Around School Program
(Please print your name clearly)

(C.L.A.S.P.) to release my child(ren) to the person(s) designated above. This is in consonance with the C.L.A.S.P. Emergency Plan.

(Your Signature)

(Relationship)

(Date)

(Address)

(Home Phone)

(Work Phone)

(Cell Phone)
