

FAIRLAWN LUTHERAN SCHOOL
Pick Up Authorization Form

Student 1 Name: _____ Student 2 Name: _____

Student 3 Name: _____

The people listed below have my authorization to pick up my child from the program.
I will inform my child's director/teacher, each time a special pick-up is necessary.

1.Name: _____

Email: _____

Cell Number: _____

2.Name: _____

Email: _____

Cell Number: _____

3.Name: _____

Email: _____

Cell Number: _____

4.Name: _____

Email: _____

Cell Number: _____

I understand that my child will only be released to one of the above listed individuals after they have presented proper identification and signed the child release form. I further understand that my child will not be released to anyone else unless written instructions have been given by me to the director, or teacher.

Guardian's Signature _____ Date: _____

The parent's name on the Guardian Signature line will serve as his or her official signature.