

**AUTHORIZATION TO PICK UP/DROP OFF A CHILD TO/FROM
ZION LUTHERAN SCHOOL**

Name of Child(ren): _____

I hereby inform Zion Lutheran School that the people listed below are authorized to pick up and/or drop off the above named child(ren). Accordingly, Zion Lutheran School is hereby given permission to release my child(ren) into the care of the following people whenever they come to Zion Lutheran School.

AUTHORIZED PICK-UP PERSONS:

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD(REN) FROM SCHOOL:

1. Parent/Guardian (please print) _____

Cell Phone _____ Home Phone _____

2. Parent/Guardian (please print) _____

Cell Phone _____ Home Phone _____

PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF MY CHILD(REN):

1. Name (please print) _____

Cell Phone _____ Relationship _____

2. Name (please print) _____

Cell Phone _____ Relationship _____

3. Name (please print) _____

Cell Phone _____ Relationship _____

I understand that:

- I must inform Zion Lutheran School (call, leave a note at drop off, or email) the name of the person who is picking up my child(ren) on any day when I myself am not.
- The “Authorized Pick-Up Person” **must be at least 18 years old**, with the exception of a sibling whom is at least 16 years old, and may be asked to provide a photo ID to any teacher or staff member.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent/Guardian Signature _____

Date _____