

Pick Up Authorization

I _____ (Parent's Name) hereby grant permission for _____ (Name of Child) to be picked up/transported to and from St. Francis de Sales Catholic Church Education Center by the person/persons listed below.

Please include names of all carpool drivers and any neighbors or relatives who are authorized to pick up your child from religious education. Individuals will be required to present valid identification. Any additional names should be added to the back of this sheet.

Full Legal Name

Phone Numbers

_____	_____
_____	_____
_____	_____

Names of persons who are NOT legally authorized to pick up your child.

Parent Signature _____ Date: _____

Print Parent Name: _____

Please note: Any person not listed on this sheet will not be permitted to pick-up your child without prior written permission.

Emergency Release

- I understand that in the unlikely event of an emergency or concern about my child, a parent will be contacted as soon as possible. I have provided contact information below.
- I authorize the religious education staff or volunteers to administer first aid to my child and/or to call an ambulance, if necessary.

Parent Signature: _____ Date: _____

Print Parent Name: _____

Parent Cell Phone Number during Religious Education:

Please list any serious medical concerns, allergies, etc.:

