



2024-2025 School Year

Student Name: _____

Permission for Pick Up (photo id attached)

Photo id must be attached to this form in order to be accepted

Name: _____ (relationship) _____

Name: _____ (relationship) _____

Contact Information for diapering only: *(if different from above)*

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Parent Signature

Date