



Authorization of Dismissal

Child's Name _____

Child's Name _____

Child's Name _____

I give permission for my child/children to be picked up by the following persons. I understand that the authorized person will be asked to show proof of identification upon arrival. If there are any changes I will notify the preschool immediately.

1) Full Name _____ Relationship to Child _____

2) Full Name _____ Relationship to Child _____

3) Full Name _____ Relationship to Child _____

The following person(s) is(are) **NOT** authorized to pick up my child. (This documentation must be on file if you do not want the non-custodial parent to pick up your child.)

1) Full Name _____ Relationship to Child _____

2) Full Name _____ Relationship to Child _____

3) Full Name _____ Relationship to Child _____

Parent/Guardian Signature _____ Date _____