



CONSENT FOR RELATIVES FOR PICKING CHILDREN UP AT HOME TIME

Childs Name: _____

Parents/Guardians Name: _____

I give permission for my child/ren to be picked up by:

(Please circle the relevant individual)

- Friend
- Relative
- Older Siblings (must be high school age)

Name of Individual(s):

Day(s): _____

Parents Signature: _____ Date: _____