

PICK-UP AUTHORIZATION FORM
LUTHERAN CHURCH AND SCHOOL OF MESSIAH

Child's Name _____ Date _____

I certify that the following people are at least 18 years old and fully understand that Messiah Lutheran School is no longer responsible for my child once my child has been released to them. I further understand that Messiah Lutheran School cannot release my child to anyone I have not designated in writing and that I am required to update this list if there are any changes.

I also understand that identification is required for all those picking up my child.

I hereby authorize Messiah Lutheran School to release my child to the following people:

Parent/Guardian Name	Relationship	Address
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Home Phone	Work Phone	Cell Phone
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Signature of Parent/Guardian

Parent/Guardian Name	Relationship	Address
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Home Phone	Work Phone	Cell Phone
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Signature of Parent/Guardian

Additional Authorized Pick-Up People

Name	Relationship	Address
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Home Phone	Work Phone	Cell Phone
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Name	Relationship	Address
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Home Phone	Work Phone	Cell Phone
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Name	Relationship	Address
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Home Phone	Work Phone	Cell Phone
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Name	Relationship	Address
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Home Phone

Work Phone

Cell Phone