

SHARE & CARE PICK-UP PERMISSION FORM

Child's Full Name _____

I hereby give permission for my child to leave the preschool with the following persons named below.

It is the responsibility of the parents to notify the preschool, in writing, of any changes.

Primary Pick-Up Person(s) and/or Carpool Drivers:

<u>Name</u>	<u>Relationship to Child</u>
_____	_____
_____	_____
_____	_____
_____	_____

Children in My Child's Carpool (First and Last Names):

Other authorized Pick-Up Persons:

_____ (Child's Mother or Guardian)
_____ (Child's Father or Guardian)
_____ (Grandparents)
_____ (Grandparents)
_____ ()
_____ ()

The following two people MUST ALSO BE LISTED on the *Parental Emergency Medical Consent form*. They need to live within a 15-20 minute drive of Park View so they could come quickly in case of an emergency.

_____ (Emergency Care Person)

_____ (Emergency Care Person)

Is there a separation or divorce custody problem of which we should be aware? Please explain. _____

Names of persons who may NOT pick up your child: _____

This pick-up permission will remain in force for one school year (September - May). I will notify you, in writing, if any changes are necessary.

Signature of Parent/Guardian

August 01, 2020
Date