

Seattle Christian School

2020-2021 Authorization for Pick-Up Form



Child's Name: _____

Please list below all individuals who are authorized to pick up your child/children.

Parents/Guardians:

Name: _____ Home Phone:(____)_____

Work Phone:(____)_____

Name: _____ Home Phone:(____)_____

Work Phone: (____)_____

Other People Authorized to Pick Up Your Child:

Name: _____ Relationship: _____

Address: _____ Phone: (____)_____

Name: _____ Relationship: _____

Address: _____ Phone: (____)_____

Name: _____ Relationship: _____

Address: _____ Phone: (____)_____

Name: _____ Relationship: _____

Address: _____ Phone: (____)_____

I do hereby authorize Seattle Christian School to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Seattle Christian School from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Legal Guardian

Date