



## Pick-up Permission Form

I, the undersigned as parent/guardian, give the following individual(s) permission to pick up the child(ren) listed below from the Darcy Read Memorial Cooperative Preschool. Any person listed may be asked to provide identification.

Any changes to this permission must be in writing. Under NO circumstances can the child(ren) be released to any other person than those listed below without written permission from the parent.

I understand that this permission is valid while my child(ren) are enrolled in school and that I can modify my permission at any time.

**Name(s) of Child(ren):**

_____	_____
_____	_____

**Name(s) of People with Permission to Pick-up Child(ren):**

_____	_____
Name	Relation
_____	_____
Name	Relation
_____	_____
Name	Relation
_____	_____
Name	Relation

**I have read and agree to the terms and conditions stated above.**

**Parent(s)/Guardian(s):**

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date