



# SAINT ALBANS SCHOOL

AN INDEPENDENT SCHOOL IN THE ANGLICAN TRADITION

## AUTHORISATION FOR PICK-UP BY NON-PARENT

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**IN ORDER TO PROTECT THE SAFETY OF ALL CHILDREN, NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD UNLESS THEIR NAME IS LISTED BELOW. ALL PERSONS MUST HAVE AND SHOW A PICTURE ID.**

THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship (please circle one): Grandparent Relative Family Friend Daycare Provider

2. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship (please circle one): Grandparent Relative Family Friend Daycare Provider

Please Check One:

\_\_\_\_\_ This authorisation is valid only for the following date: \_\_\_\_\_

\_\_\_\_\_ This authorisation is a continuing authorisation and is effective throughout the school year until otherwise revoked by me.