

CHILD DROP OFF AND PICK UP AUTHORIZATION FORM

Child's Name: _____

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

1. Parent/Guardian _____

Cell Phone _____ Home Phone _____

2. Parent/Guardian _____

Cell Phone _____ Home Phone _____

PERSON(S) OTHER THAN THE PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD:

Please note: The "Authorized Pick-Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff.

1. Full Name _____

Cell Phone _____ Relationship _____

2. Full Name _____

Cell Phone _____ Relationship _____

3. Full Name _____

Cell Phone _____ Relationship _____

LAST-MINUTE/OCCASIONAL AUTHORIZATION

In case of last-minute/occasional change or addition, please send an email to accessrequest@eui.eu authorizing your child's release to the new person (please include the dates for which permission is given). Please note: Email authorization is accepted only from a parent/guardian's email address on record, and, as mentioned above, the "Authorized pick-up person" must be at least 18 years old and may be asked to provide a photo ID to the staff.

This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent Signature _____ Date _____