



Trinity-St. Paul Lutheran School

Mrs. Myra Farrell, Principal
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Authorized Personnel for Student Pick-Up

Please list the authorized persons to whom the following children may be released.

Child's Name _____

The above named child/children may be released to the following persons without prior contact with a parent.

Name _____ Relationship _____

Name _____ Relationship _____

I understand that the school authorities will not release my child during school hours to anyone except the parent(s) on record with whom the child is living except for the persons that I have named above.

Under no circumstances is my child to be released to the following persons without my prior knowledge.

Name _____ Relationship _____

Name _____ Relationship _____

I understand that it is my responsibility to keep the school informed of any and all changes.

Medical/Emotional Conditions

I understand the importance of notifying the school authorities of any unusual medical and/or emotional condition involving my child in order that they might deal with any emergency which may arise as a result of such condition.

Please describe the condition. If no such condition exists, please write NONE. _____

Parent/Guardian Signature _____

Date _____