

Pick - Up Authorization

Your signature below provides the Staff of Peace Lutheran Preschool with your permission to release your child to the adults whose names you listed. Adults picking up your child must have a recognizable photo id. available at pick – preferably a Wisconsin Driver’s license. Although advance written notice is ideal, the adults listed below have your permission to pick your child up at any time without additional notification or permission from you. However, written advance notice is preferred and should include the date of the “pick up” and adult’s first and last name.

If sending an adult not listed below, you must provide authorization prior to the pick- up, ideally in writing, that morning at drop off or before. If you are not able to provide advance written notice, you may call the Preschool Office at 608 849 7792. If no one answers the Preschool phone, leave a detailed message, including spelling the first and last name, approximate time, the date of the “pick up” and a number you can be reached. It is imperative the individual provide a photo id. In addition to the message, you may call the Church Office at 608 849 7732 and staff will be happy to hand deliver your message to your child’s teacher.

1. _____
2. _____
3. _____
4. _____

I, _____, authorize the individual(s) listed above to pick my child up from Peace Lutheran Preschool.

Parent’s Signature _____ Date: _____

Emergency Contact Information

Child’s Name _____ Home Phone: _____

Father’s name _____ Cell phone: _____ Work phone: _____

Mother’s name _____ Cell phone: _____ Work phone: _____

Name & Phone number (of primary pick up person if other than parent): _____

Child’s Allergies & / Or Medical Conditions: _____

Child’s Physician & Phone: _____

Health Insurance Provider & Patient/Policy Number: _____

Hospital Preference: _____

In case of emergency, Peace Lutheran Preschool Staff will call 911 first and then parents. Please sign below to indicate your agreement and permission in giving consent for emergency medical care, treatment and or transport.

Signature of Parent or Guardian: _____ Date: _____