

PICK-UP AUTHORIZATION

Mansfield 1st EPC Preschool 399 S. Trimble Rd. Mansfield, OH 44906 419-756-0773

I, _____ give permission to Mansfield 1st EPC Preschool
(Name of Parent/Guardian)

to release _____ to the following people:
(Child's Name)

Name of Person (INCLUDE YOURSELF)

Relationship to Child

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

In the event, there is a change to this list, I will notify the Mansfield 1st EPC Preschool immediately.
*Staff may ask to see a photo ID of anyone picking up the child listed above.

(Name of Parent/Guardian)

(Date)

_____ I have given a copy of legal custody papers to the Preschool office which indicates the following biological parent/guardian MAY NOT pick up the child listed above:
