



**2023-24**  
**OUR LADY OF THE ELMS**  
**DAILY AUTHORIZATION FORM**  
**CHILD PICK-UP**

Student Name: \_\_\_\_\_

Please list the name or names of persons who will be picking up your child/children from School or our After School Program. If at any time you will find it necessary to change any name, please contact the school office immediately.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Unless a call or note has been received by us, ONLY the above named persons will be permitted to pick up your child/children.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date