

Permanent Pick-Up Permission Form

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

I give my permission for \_\_\_\_\_ to pick up my child anytime from  
Methodist Nursery School for the 2018-2019 school year

The emergency contact phone # for this person:

\_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have more than one person to give permission to pick up your child,  
please list them below:

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_