



2024-2025 PICK-UP AUTHORIZATION FORM

Name of child: _____ Class: _____

Parent/Guardian Name: _____

Primary Email _____ Secondary Email _____

Primary Phone: _____

Please list two people authorized to pick up your child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Person (s) NOT authorized to pick up my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

One parent or guardian please sign and date the below statement:

I give my permission for a Leesburg Presbyterian Church Preschool teacher and/or Director to seek and sign for medical emergency medical treatment for my child if needed.

Parent/Guardian, Name printed _____

Signature _____ Date _____