



PERMISSION TO PICK UP CHILD FORM

I, _____, authorize Children First at First Methodist Midland to release my child _____ to leave Children First at First Methodist Midland **ONLY** with the following persons.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

to pick up my child.

today only, _____ (date); or

for the entire _____ school year.

I understand that my child named above will **only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.**

The persons I have listed **must come to the Ark Desk and provide a picture ID such as a driver's license or passport, which will be copied** and placed in the student's file.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____