



STUDENT PICK UP AUTHORIZATION FORM

In an effort to protect our students, we are requesting the names of people who have your permission to pick up your child. You may pre-authorize individuals by listing them below. Please let these individuals know that they may be asked to show photo identification if a staff member is unfamiliar with them. Anyone coming to pick up your child who is not on the list will not be allowed to leave with your child unless we have received a **prior, written notification** from the parents/guardians.

Student Name _____

Father/Guardian _____ Phone _____

Mother/Guardian _____ Phone _____

AUTHORIZED ADULT TO PICK UP STUDENT

Name	Phone Number(s)	Relationship To Student

Please list any adults who are NOT authorized to pick up your child:

1. _____
2. _____
3. _____

Parents/Legal Guardians Authorization

The information above is correct, and I/we hereby give permission for my child to be picked up from the listed individuals. I/we understand that my child will not be released to any individual that is not listed on this form.

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

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Address: 86-072 Farrington Highway, Waianae, HI 96792
Phone & Fax: 808-696-3988
Email: office@adventistmalama.org
Website: www.adventistmalama.org