



Authorization for Alternate Pick Up

This is to notify LeafSpring School that there are alternate pick up arrangements for my child(ren), according to the information below.

Child(ren)'s Name(s): _____

Full Name of Person Picking Up: _____

Date(s)for Alternate Pick Up: _____

Parent Signature: _____ Date: _____

I am aware that the above named individual(s) will have to supply photo identification if he/she is not recognizable to the faculty/staff member releasing my child.

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