

# RECTORY SCHOOL

## After School

### Authorized Escorts

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

The persons listed below have my permission to pick up my child when I am unable to do so. In addition, in case of sudden illness or other emergency, which precludes my picking up my child, I/We authorize the After School and/or the Rectory School personnel to call the person(s) listed below. She/He/They are authorized to remove my child from the premises if necessary.

\_\_\_\_\_  
Signature of Parent/Guardian: DATE \_\_\_\_\_

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Or

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Or

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Or

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_