

## Authorization for Pick-Up Form

**Child's Name:** \_\_\_\_\_

Please list below all individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency and the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

Mother's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other people Authorized to pick up your child

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby authorize Oslo International School to release my child to the above listed people in the event that I am unable to pick him/her up myself.

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Signature of parent/guardian

Date