

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 authorise Oslo International School to release my child to the above listed people in the event that I am unable to pick them up myself.

Signature of parent/guardian

Date

