

## Authorized Pick Up Form

Child(ren)'s Name(s) \_\_\_\_\_

DOB: \_\_\_\_\_ Class/Teacher(s): \_\_\_\_\_

I give the following people permission to pick up my child(ren) from Bayou Village School, as needed, for the 2020-2021 school year. I understand Bayou Village School is not held legally or financially liable for any accidents, injuries, or damage to possessions once my child(ren) leave Bayou Village School with these persons.

Name	Phone Number	Relationship to child

Parent Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_