



Crosby Methodist Weekday School

1334 Runneburg Road, P.O. Box 1385
 Crosby, TX 77532
 281-328-5460

Weekday.school@crosbyumc.org
www.crosbyumc.org

AUTHORIZATION TO RELEASE STUDENT

Child's Name _____

In addition to the parents of the above-named child, the only persons authorized to pick up my child from Weekday School without my permission are listed below.

I understand the Weekday School will refuse to release my child to any persons not named below unless I have given my permission. Written permission for specific instances will be accepted.

I understand that a picture ID will be required if the person picking up my child is not known to Weekday School staff.

Name	Complete Address	Relation to child	Phone number(s)
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If there is any person who is specifically excluded from picking up your child, please provide us with this information and any legal documents.

I agree that I will leave my child at the Weekday School ONLY in the presence of a staff member. I will not pick up my child from the Weekday School without making a staff member aware of my child's departure.

I understand it is my responsibility to update this information if it changes during the school year.

 Signature of Parent or Legal Guardian

 Date