

Carpool Release 2008 - 2009

(please print this important information)

Child's Name _____ Class _____

	Driver Picking Up Child	Driver's License Number	Telephone Number
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please list any additional children participating with the child's carpool:

1. _____ 2. _____
 3. _____ 4. _____

I understand that my child is to be brought to the school and left in the presence of a MCH faculty member. Children will be released to a parent or designated person only after verification of ID. I understand that it is my responsibility to call or inform the school in writing of changes.

Signature of Parent/Guardian _____ Date _____

Release of Child

In the event of an emergency where neither parent/guardian is able to pick up my child, I hereby authorize that my child be released to the following named person(s) (at least one is required):

Name	Driver's License No.	Telephone/Cell Phone/Pager
Name	Driver's License No.	Telephone/Cell Phone/Pager
Name	Driver's License No.	Telephone/Cell Phone/Pager

I understand that the above listed people are the only individuals to whom my child may be released without my written consent. I further acknowledge that this is done for the safety and welfare of my child.

Print Name _____ Date _____

Signature of Parent _____

Please bring any changes in the above information immediately to the attention of the Head of School.