



**Living Word Academy**  
 110 Industry Drive, Yorktown (Tabb), VA 23693  
 (757) 867-8024

**Authorization to Pick Up Children  
 2014-2015**

Name of child: \_\_\_\_\_

Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parents: \_\_\_\_\_ and \_\_\_\_\_

Persons Authorized to pick up child(ren):

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Signature of parent(s): \_\_\_\_\_ and \_\_\_\_\_

Signature of Authorized Persons: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Parents must either call in to the office before an unauthorized person can pick up your child(ren) or send a written note with the unauthorized person's name. Their license will be required for pickup.**

I have read the above statement and agree to its terms.

\_\_\_\_\_ Parent signature

\_\_\_\_\_ Parent signature

Unauthorized Person	Date	Parent Called- In	Parent Sent Note