



CARES

Parent Consent
for Student Pick Up

Child/Children's Name:

Name of Authorized Person(s):

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

5. _____ Relationship: _____

6. _____ Relationship: _____

Please note: Photo Identification must be shown at time of pick up.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____