



# PICK UP PERMISSION FORM

*Return with registration*

## Immanuel Lutheran School

P.O. Box 307, Walker, MN 56484

Name of child \_\_\_\_\_ Grade \_\_\_\_\_

I hereby give my permission for my child to leave Immanuel Lutheran School with the persons named below. It is the responsibility of the parents to notify the teacher in writing of any changes. Please include the two people who will assume medical responsibility for your child in the event you cannot be reached.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there is a separation, divorce or custody situation of which we should be aware of, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of persons who may **NOT** pick up my child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_  
Date