



Temporary Pick-up Authorization Daniel Island Academy

Child's Name: _____ **Classroom:** _____

Parent/Guardian's Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Please list all individuals and the dates in which they may pick up your child.
The following people must present a picture ID at the time of pick-up.

Name	Relation	Phone	Date of Pick up(s)

* The temporary pick-up authorization is for 5 days or less. If you need their assistance for greater than 5 days, please add them to your permanent pick-up authorization form.

Parent/Guardian Signature

Date

Fax # (843) 375-2111

___ Binder Copy ___ Teacher Copy ___ File Original

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