



Sacred Heart School
2205 Binney Street
Omaha, NE 68110
Phone (402) 455-5858
Fax (402) 451-7480

2024 – 2025 AUTHORIZATION FOR PICK-UP

Dear Parent/Guardian:

Please complete the form below relating to those persons who have your permission to pick up your child(ren) from school. If, due to unforeseen circumstances or an emergency, it is necessary for someone not listed on this release form to pick up your child(ren), a note from the parent or a telephone call is necessary. Please be aware that the person may be asked to identify himself or herself before we release your child. If there are any special circumstances regarding custody agreements we must have legal documents with regard to who can pick up your child(ren) and on what days.

Parent/Guardian Name : _____

Home Phone _____ Work Phone _____ Cell _____

Student Name(s) and Grade: _____

The following people are authorized to pick up my child(ren) from Sacred Heart School. I authorize the release of my child to their care.

Name (Please print)	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DAYCARE INFORMATION

If your child(ren) attends a daycare after school, please list the daycare name and phone number:

Parent/Guardian (Please Print) _____ Date _____

Parent/Guardian's Signature _____

PLEASE NOTE ANY OTHER PICK-UP IMPORTANT PICK-UP INFORMATION HERE:

