



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

## 2021 - 2022 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_