Child Pick Up Authorization 2026-2027

Child's Name: _____

PHOTO ID WILL BE REQURED AT ALL TIMES. Children will only be released to the Primary and Secondary Parent/Guardian, as well as those listed on the Authorized pick-up list. **NO ONE UNDER THE AGE OF 18 WILL BE PERMITTED TO PICK UP ANY CHILD.**

THE FOLLOWING PERSONS HAVE MY PERMISSION TO PICK UP MY CHILD:

Please print the names and phone number of anyone who is allowed to pick-up your child, this includes yourself. YOU MUST HAVE ADDITIONAL NAMES ALONG WITH MOTHER AND FATHER

NAME	PHONE NUMBER	RELATIONSHIP
		MOTHER/LEGALGUARDIAN
		FATHER/LEGAL GUARDIAN

CONTACT THE SCHOOL OFFICE IF YOU NEED TO MAKE CHANGES TO THIS LIST. ALL CHANGES MUST BE IN WRITING

_____ _____

Parent/Guardian Signature Date

Consent to Photograph/Video Tape/Website 2026-2027

I hereby give my permission for The Palm Beach School for Autism Inc., to use my child's photograph, video image, writing, voice recording and name in officially recognized activity sports related to the school an to the school website, blogging site and or any social networking websites for the purpose of informing/educating the public and positive for the Palm Beach School for Autism.

I hereby release The Palm Beach School for Autism, Inc. its personnel volunteers, or any other persons participating in my child's care from any and all liability, claims, damages, actions or causes of action which may or could arise from taking or the use of such photographs or video recordings. I waive any right to inspect or approve the finished product, including writing copy or narrations which may be created in connection therewith.

O I give my permission **O I do not give my permission**

_____ _____

Parent/Guardian Signature Date