

## Caregiver Authorization

Please return signed form with photocopy of your caregivers ID

### Transportation Authorization

I give permission for my child(ren) \_\_\_\_\_ to

be transported in my child's caregiver vehicle for the following reasons:

Check all that apply:

- Before / After School Pick-Up or Drop-Off
- Dr. Appointment
- Sick Call Pick-Up

### If my child is sick

First contact mom, dad, caregiver (circle one)

If that person cannot be reached contact mom, dad, caregiver (circle one)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Information Authorization

**Teachers will not discuss classroom concerns with your child's caregiver unless authorized by the parent.**

I give permission for our caregiver(s) \_\_\_\_\_,  
\_\_\_\_\_, to be given information about my child's  
classroom concerns (behavior issues, bathroom concerns, "academic" concerns, class  
placement)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Car Make and Color \_\_\_\_\_

(Any additional caregivers can be added to the back)

Caregiver Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Car Make and Color \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Car Make and Color \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Car Make and Color \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Car Make and Color \_\_\_\_\_

