



DROP OFF/PICK UP PARENT AUTHORIZATION FORM

1. This form should be submitted **48 hours in advance**.
2. Newly Authorized people **may NOT pick up at carpool upon first visit**.
3. Newly Authorized people must **bring a current photo ID to admin** upon first visit.
4. Admin will check and **copy this ID for permanent file**.

I, **(Name of Parent/Guardian)** _____

give my permission for **(Children's Names)** _____

to be,

A. Dropped off at Da Vinci International School

B. Picked up from Da Vinci International School

By **(Authorized Person's Name)** _____

Authorized Person's **Phone Number:** _____

Authorized Person's **Relationship:** _____

Authorized Person designated as Emergency Contact? **YES** **NO**

Permanent Authorization (*until otherwise notified*)

On the following days (MM/DD/YY) _____

I hereby release, discharge and indemnify Da Vinci International School, its administration, staff, employees and director from any and all claims, cause of action, liability, arising out of, or relating to the transportation of my child.

Parent/Guardian Phone Number: _____

Signature of Legal Guardian: _____

Date (MM/DD/YY): _____