

# ST. JOSEPH PRESCHOOL PERMISSION FOR STUDENT DISMISSAL

STUDENT NAME \_\_\_\_\_

I GIVE PERMISSION TO THE FOLLOWING PEOPLE TO PICK UP MY CHILD FROM SCHOOL:

NAME	PHONE	
RELATIONSHIP TO CHILD		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**ALLERGIES/ MEDICAL CONCERNS:**

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