

St. John of God Special Needs Religious Education Program

Drop Off/Pick Up Consent Form

We take safety very seriously and want to provide the best security for your child as possible. Please list the names of those individuals you give permission to drop off and or pickup your child when a parent or guardian is not able to do so. Also, please send us any changes as soon as possible.

Students Name: _____ Class: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Parent/Guardian Signature: _____ Date: _____