



**Please Print Student Information:**

<b>Student Full Name:</b>	<b>Services provided by:</b>	<b>Services provided by:</b>
<b>Parent Name:</b>		
<b>Parent Phone Number:</b>		

**Please Print other Adults that may Drop off / Pick up your child**

<b>Name:</b>	<b>Cell Number:</b>
<b>Relationship:</b>	<b>Comment:</b>
<b>Name:</b>	<b>Cell Number:</b>
<b>Relationship:</b>	<b>Comment:</b>

I, \_\_\_\_\_, authorize above named person/people to drop off and pick up my child for related services provided at Mayfield Preschool.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date of Consent)