



# Radiant Montessori Authorized Pick-up Form

## Student Information

Child's Name: _____	Date of Birth: _____
Address: _____	
Parent/ legal guardian Name: _____	
Primary contact phone number: _____	Relationship to child: _____
Parent/ legal guardian Name: _____	
Primary contact phone number: _____	Relationship to child: _____

## Authorized Medical Contacts

<b>State of MN requires 2 contacts that can authorize medical care for your child. These people will be contacted only AFTER we are unable to contact either parent/guardian.</b>	
Name: _____	Relationship to child: _____
Phone Number: _____	Alternate Phone Number: _____
Address: _____	
Authorized to pick up my child <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____	Relationship to child: _____
Phone Number: _____	Alternate Phone Number: _____
Address: _____	
Authorized to pick up my child <input type="checkbox"/> Yes <input type="checkbox"/> No	

This page is completed and maintained by Radiant Management.  
Parent/legal guardian signature on Student Information Form in child's file.



# Radiant Montessori Authorized Pick-up Form

## Additional Individuals Authorized for Pick-up

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Updated By (staff name): \_\_\_\_\_

Written Documentation of authorization in student file?  Yes  No Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Updated By (staff name): \_\_\_\_\_

Written Documentation of authorization in student file?  Yes  No Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Updated By (staff name): \_\_\_\_\_

Written Documentation of authorization in student file?  Yes  No Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Updated By (staff name): \_\_\_\_\_

Written Documentation of authorization in student file?  Yes  No Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Updated By (staff name): \_\_\_\_\_

Written Documentation of authorization in student file?  Yes  No Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Updated By (staff name): \_\_\_\_\_

Written Documentation of authorization in student file?  Yes  No Date: \_\_\_\_\_

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Parent/legal guardian signature on Student Information Form in child's file.

**ALL ADDITIONAL AUTHORIZATIONS MUST BE MADE IN WRITING/EMAIL AND MUST  
BE INCLUDED IN CHILD'S FILE.**