



# DELHI PUBLIC SCHOOL-PANIPAT CITY

## Child Pick Up Authorisation Form

Admission No. ....

I \_\_\_\_\_ Parent / Guardian of \_\_\_\_\_ hereby authorize that:

- The following persons to pick up my child from DPS PANIPAT CITY at any given date. I hereby agree to inform the following persons that proper identification will be required in order to pick up my child/ward.
- I hereby agree that if authorization for pick of my child/ward changes, I shall immediately contact the school authorities and submit authorisation.

CHILD'S INFORMATION			
Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Class    Section <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address:		Resi. No.	Emergency No.
		Father's No.	Mother's No.

PERSONS AUTHORISED TO PICK UP THE CHILD			
Name	Address	Phone No.	Relationship
			Father
			Mother
			Guardian 1
			Guardian 2

Affix Passport size  
photograph of  
Father

Affix Passport size  
photograph of  
Mother

Affix Passport size  
photograph of the  
Guardian 1

Affix Passport size  
photograph of the  
Guardian 2

I/We Father/Mother/Parents/Guardian hereby confirm & acknowledge that we have carefully read the above document & shall not make school liable or responsible for any of the untoward incidence once the child/ward leaves the school premises with the escort.

.....  
Signature of Father

.....  
Signature of Mother

Date: .....