



PARENT/GUARDIAN PERMISSION: 2022-2023 School Year  
FOR OTHER INDIVIDUALS TO RETRIVE MY CHILD(REN)

Please note that I give the following individuals permission to retrieve my child(ren) from the Hillel Community Day School campus at dismissal, for appointments during the day, or from After School Connection.

**Child(ren)'s names:** \_\_\_\_\_

Retrieval Person's Name (please print) \_\_\_\_\_

Retrieval Person's Contact Info (cell # is preferable): \_\_\_\_\_

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

Retrieval Person's Name (please print) \_\_\_\_\_

Retrieval Person's Contact Info (cell # is preferable): \_\_\_\_\_

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

Retrieval Person's Name (please print) \_\_\_\_\_

Retrieval Person's Contact Info (cell # is preferable): \_\_\_\_\_

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

Retrieval Person's Name (please print) \_\_\_\_\_

Retrieval Person's Contact Info (cell # is preferable): \_\_\_\_\_

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

Retrieval Person's Name (please print) \_\_\_\_\_

Retrieval Person's Contact Info (cell # is preferable): \_\_\_\_\_

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

I will inform these individuals that they will be asked to show photo ID before my child(ren) will be released to their custody and will also instruct them where to park and at which entrance to meet the bus monitor, ASC coordinator, or main office personnel. As a parent, it is my responsibility to inform these individuals that they will be required to wear a mask, maintain social distancing and will have their temperature recorded via a thermal temperature analytic camera when retrieving my child(ren).

\_\_\_\_\_  
Parent/Guardian name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature