



MACNEAL SCHOOL
Parental Permission Slip for Special Pick UP

Student Name _____

Classroom/Teacher _____

Date of Special Pick Up _____

I _____, give my permission for _____
Parent/Legal Guardian Parent/Legal Guardian Designee

to pick up my child from MacNeal School in my place.

Parent/Legal Guardian Signature Date

Main School Office Use:

Parent/Legal Guardian Designee Signature Date Time

Responsible MacNeal School Faculty