

# CAR LINE/LIABILITY RELEASE SPECIAL ARRANGEMENT REQUEST

Name of Student \_\_\_\_\_

**WILL BE RELEASED FROM CAR LINE TO:**

**\*PERSON PICKING UP:**

\_\_\_\_\_

REASON:

\_\_\_\_\_

\_\_\_\_\_

DATES: from \_\_\_\_\_ to \_\_\_\_\_

Name of classroom teacher \_\_\_\_\_

My signature below indicates that I give permission for my child to be picked up during car line by the person listed above\*.

I release FACS Elementary personnel from liability from the time my child leaves the carline area with the appointed person.

Parent signature \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

*Please return to the school office for Mrs. Tidwell, Elementary Coordinator*

Approved

Not Approved