

AUTHORIZED CARETAKER FORM

Diocese of Fall River

Parish/Location: _____

Child's Name: _____ **DOB:** _____

Grade: _____ **Teacher:** _____

Parent/Caretaker(s) Name(s): _____

Address: _____

Home Phone: _____ **Code Word:** _____

AUTHORIZED CARETAKER INFORMATION			
Name	Relationship	Phone #	Type (Cell, home, work)

Special Instructions/Notes: _____

I, the undersigned, agree that I am a custodial parent/caretaker of this child and am therefore authorized to make arrangements for transportation. I understand that should the authorized persons change, it is my responsibility to notify the parish.

Parent/Caretaker Signature

Date