

TEMPORARY CHANGES

to Student Records

Changes are for the following time period:

Beginning Date _____ Expires _____

I hereby authorize First United Methodist School and Child Care Center to make the following TEMPORARY changes to my child/childrens records.

Child/Children Name

Parent/Guardian Signiture

Complete "ONLY" the areas that need to be changed.

Persons authorized by parents/guardian to be contacted in emergency:

Name	Address	Phone #	Relationship

Persons authorized by parents/guardian to take your child from our facility.

Name	Address	Phone #	Relationship

Any special instructions or custodial arrangements to be aware of:
