

Authorization for Walkers

Date: _____

Daily Walker: _____

Part-time Walker: _____

Family Name: _____

Student's Name: _____ Teacher: _____

Student's Name: _____ Teacher: _____

Student's Name: _____ Teacher: _____

Destination: _____

(address)

Route Traveled: _____

Parent's Signature

Note: If your child only walks on an occasional basis, please send a note to the teacher on the day your child will be walking.