

PICK -UP AUTHORIZATION FORM

In case of emergency, who could assume responsibility for your child if parent(s) are not available (Persons OTHER THAN THE PARENTS):

1. Name _____
Relationship _____
Phone # _____
2. Name _____
Relationship _____
Phone # _____

List all persons authorized to remove child from school:
(Person must bring valid picture I.D.)

Parent(1) _____
Phone # _____
License # _____

Parent(2) _____
Phone # _____
License # _____

1. Name _____
Relationship _____
Phone # _____
License # _____
2. Name _____
Relationship _____
Phone # _____
License # _____
3. Name _____
Relationship _____
Phone # _____
License # _____
4. Name _____
Relationship _____
Phone # _____
License # _____