



Transportation Information

Persons Authorized to pick up my child from school include (list those other than parents/guardians):

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

No Contact/Restraining Order Information:

Please list any person(s) not allowed to have contact with your child:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Names of individuals authorized to have access to health info:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____