

Authorized Pickup List

For your child's protection, please fill out the names of persons authorized to pick up or bring your child to school other than yourself. Notify the school of any changes immediately.

Inform persons on this list that they must be prepared to identify themselves to our staff.

List parent other than the one signing this form if they are authorized to pick up or drop off your child.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Carpool Arrangements: _____

Is there anyone whom you DO NOT wish to have your child released to? _____

Emergency Telephone Numbers

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Signature: _____ Date: _____

Please return to the school.

Thank You!