

EMERGENCY CONTACT AND AUTHORIZATION FOR STUDENT PICKUP

The school must have written authorization from the student's parent/legal guardian whenever an individual other than the parent/legal guardian will pick up the student. Photo identification is required to pick up a child.

	Child's Name:						Birth Date		
С	hild's Social Security Number								
The Parent/Legal Guardian will inform the individuals listed on this pickup form that if they fail to provide the proper identification, the school will not release the student to the individual. All persons below must be 18 or older, unless he/she is the parent of the child. AUTHORIZED FOR PICK UP									
		Parent/Guardian Soci					ocial		
1	Parent/Guardian Name:		_			curity Num	ber:		
	Relationship:			E	mail Addres	ss:			
	Home Address:					1			
	Home Phone:		Work Phone:				Cell Phone		
	Cell Carrier:			Place	Place of Business:				
2	Parent/Guardian Name:			Parent/Gua Securi		Guardian So curity Num			
	Relationship:			Email Address:			•		
	Home Address:								
	Home Phone:		Work Phone:				Cell Phone		
	Cell Carrier:			Place	e of Busines	is:			
3	Name:					Relation	ship:		
	Cell Phone:					Cell Ca	rrier:		
	Home Address:								
4	Name:					Relation	shin:		
•	Cell Phone:					Cell Ca	•		
	Home Address:					Cen can			
	11011107100110001								
5	Name:				Relations		ship:		
	Cell Phone:				Cell Ca	rrier:			
	Home Address:								
Please list any adults who are NOT authorized to pick up your child: I, Parent, Legal Guardian, have granted permission for the above individual(s) to pick up my child (above named student)									
				Parer	nt Signature			D	ate