

# Pick Up Authority and Emergency Contacts

In order to protect your child we would like you to provide the names and photocopy of their driver's license of any person(s) who may pick up your child from school. If an individual comes to pick up your child whose name is not on the list, we will telephone you (or your emergency contact if we can't reach you) for authorization. Please make necessary changes (add/delete names) as the year progresses, so we are up to date on who may come to pick up your child.

Child's Name: \_\_\_\_\_

Name	Phone	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give the above people permission to pick up my child from school.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_