



# AUTHORIZED PICK UP FORM

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

FIRST NAME
MIDDLE NAME(S)
LAST NAME
YYYY / MM / DD

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

**I authorize the persons listed below to pick up my child from school:**

ADULT'S NAME	RELATIONSHIP TO CHILD	CELL PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NON-EMERGENCY RELEASE:** I understand that my child will only be released to those I have listed here. If I need someone other than those on this list to pick-up my child, I am required to send an email to the school prior to the start of class time outlining their name, relationship and phone number.

**EMERGENCY RELEASE:** In the event of an earthquake or other serious incident requiring school closure, where I am unable to collect my child from school, I authorize the release of my child into the custody of those listed above. I fully realize that during a natural disaster such as an earthquake, my child will not be released from school to another adult unless authorized by myself (as above); and that on the release of my child a record shall be kept at the school of the name of their guardian, time of release and their expected destination.

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

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