



## 2009 2010 EMERGENCY PICK-UP AUTHORIZATION FORM

In the event of an emergency or in the event that I cannot pick up my child(ren), I hereby give my permission for the below named student(s) to be picked up by:

Child/Student's Name	Grade
Child/Student's Name	Grade
Child/Student's Name	Grade
Child/Student's Name	Grade

### **...to leave campus with the following adults:**

Name	Contact Phone Number
Name	Contact Phone Number
Name	Contact Phone Number
Name	Contact Phone Number
Name	Contact Phone Number

Parent's Signature	Date	Please print name clearly
Parent's Signature	Date	Please print name clearly