



The following people have permission to pick up my child from school without further contact from me and in the event of an emergency when the Parent/Guardian cannot be reached.

	CONTACT ONE	CONTACT TWO	CONTACT THREE	CONTACT FOUR
Name				
Relationship				
Cell Phone				
Work/Landline				
Town of Residence				

Student Name: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____

Additional notes: _____

