

**EMERGENCY PICK-UP OR CLOSE FORM**

**2011/2012**

Dear Parent/Guardian,

On occasion it becomes necessary for the school office to contact parents/guardians during the school day. (i.e.: illness, unexpected school closing etc.). In such a situation it is necessary to ensure that your child is safely picked up from school as quickly as possible. **Please complete the information below. Please print clearly.**

Family Name: \_\_\_\_\_

Students:	<u>Room #</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list in order of contact preference the person(s) who can **quickly pick up your child during the school day:**

1.	Name: _____	Relationship to child: _____
	Phone numbers: 1. _____	Home/Work/Cell (please indicate)
	2. _____	Home/Work/Cell (please indicate)
	3. _____	Home/Work/Cell (please indicate)

2.	Name: _____	Relationship to child: _____
	Phone numbers: 1. _____	Home/Work/Cell (please indicate)
	2. _____	Home/Work/Cell (please indicate)
	3. _____	Home/Work/Cell (please indicate)

3.	Name: _____	Relationship to child: _____
	Phone numbers: 1. _____	Home/Work/Cell (please indicate)
	2. _____	Home/Work/Cell (please indicate)
	3. _____	Home/Work/Cell (please indicate)

**PLEASE CONTACT THE SCHOOL OFFICE FOR ALL CHANGES TO THE ABOVE INFORMATION.**

Parent's Signature: \_\_\_\_\_

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

**Pick-Up Authorization Form**

Please list below, the individuals who have authorization to pick your child up from school. In accordance with the school Handbook, a written note is required when a student is to be picked up by someone other than their usual person.

The following individuals have authorization to pick my child(ren) up from school:

- |    |                     |                                  |
|----|---------------------|----------------------------------|
| 1. | Name: _____         | Relationship to child: _____     |
|    | Phone number: _____ | Home/Work/Cell (please indicate) |
| 2. | Name: _____         | Relationship to child: _____     |
|    | Phone number: _____ | Home/Work/Cell (please indicate) |
| 3. | Name: _____         | Relationship to child: _____     |
|    | Phone number: _____ | Home/Work/Cell (please indicate) |
| 4. | Name: _____         | Relationship to child: _____     |
|    | Phone number: _____ | Home/Work/Cell (please indicate) |

Comments:

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_