Student Pick-Up Information:

Persons Authorized to pick up my child from school include(list those other than parents/guardians):

Name_____ Home Phone_____

Relationship to child_____ Cell Phone_____

Name_____ Home Phone_____

Relationship to child_____ Cell Phone_____

Name_____ Home Phone_____

Relationship to child_____ Cell Phone_____

No Contact/Restraining Order Information:

Please list any person(s) not allowed to have contact with your child:

Name_____ Relationship to Child_____

Name_____ Relationship to Child_____

Name_____ Relationship to Child_____

Names of individuals authorized to have access to health info:

Name_____ Relationship to Child_____

Name_____ Relationship to Child_____

Name_____ Relationship to Child_____