

CHILD PICKUP AUTHORITY

Other than parents, please provide the names and phone numbers of relatives, friends or out-of-school care providers who are able to collect your child from school.

Child's name: _____

Parent's name: _____

Room number: _____

PERSON 1:

Name: _____

Relationship to child: _____

Telephone number(s): _____

PERSON 2:

Name: _____

Relationship to child: _____

Telephone number(s): _____

PERSON 3:

Name: _____

Relationship to child: _____

Telephone number(s): _____

PERSON 4:

Name: _____

Relationship to child: _____

Telephone number(s): _____