

ATTACHMENT 6 – CHILD PICK-UP AUTHORIZATION

I, _____, authorize _____ to release my child(ren) to
the person(s) designated. This is in consonance with the _____
Plan. _____ Emergency Operations _____

Student's
Name

Designated Custodian (s)
Name & Relationship

Your Signature

Relationship

Date

Print Name

Address

Address

(Home Phone)

(Work)

(Cell)

*NOTE: Parents and guardians should designate themselves as designated
custodians. Friends, neighbors and other relatives may also be designated.*
PLEASE PRINT CLEARLY.