

# Student Pick-Up Consent List

Student Name(s) \_\_\_\_\_

My signature below indicates that the following people have my permission to pick up the above listed child(ren) from school. I have listed them in the order that they should be contacted if I cannot be reached. No other persons will be allowed to pick up the listed child(ren) without a signed note, text, or phone call from a parent/guardian. If there are any changes to this list during the year, I accept that it is my responsibility to notify the school.

	Person's Name	Relationship to Student	Phone Number
1			(     )     -
2			(     )     -
3			(     )     -
4			(     )     -
5			(     )     -
6			(     )     -
7			(     )     -
8			(     )     -
9			(     )     -
10			(     )     -

Print Parent's Name \_\_\_\_\_

	Signature	Date
Year 1		
Year 2		
Year 3		
Year 4		