



Dismissal Instructions

2016 ~ 2017

Child: _____ Birth date: ____/____/____

Please select one:

My child will be picked up at dismissal time, or My child will go to extended care.

★ **The following persons are authorized to pick up your child:** (This list **MUST include** parents/legal guardians—a **driver's license number/state must be listed** for all individuals, no exceptions!)

Signature of Parent/Guardian

Current Date

EMERGENCY CONTACT INFORMATION (PLEASE LIST 2)

Emergency contact - **other than parent** (persons to whom the student may be released):

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____

Physician to contact in case of emergency:

▪ NAME: _____ PHONE () _____

ADDRESS: _____
(Street) (City) (Zip)

Please continue on the backside of this form.

★ The following additional persons are authorized to pick up your child: (This list MUST include parents/legal guardians—a driver's license number/state must be listed for all individuals, no exceptions!)

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____

★ Name: _____ State & DL#: _____ Relationship: _____

Please check the MAIN #:

Cell-: _____ Home-: _____ Work-: _____