

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 State & DL#: _____ / ____/____
Current Date

Signature of Parent/Guardian State & DL#: _____ / ____/____
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 Code

Please continue on the backside of this form.

*** The following additional persons are authorized to pick up your child:**

(This combined 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-: _____