



Pick Up Authorization/Emergency Contact 2018-2019

_____, _____
Print Student Last Name, First Name Grade (2018-2019)

_____, _____
Print Student Last Name, First Name Grade (2018-2019)

_____, _____
Print Student Last Name, First Name Grade (2018-2019)

_____, _____
Print Student Last Name, First Name Grade (2018-2019)

_____, _____
Print Student Last Name, First Name Grade (2018-2019)

Unless otherwise noted, a student will only be released from The Brompton School to the parent/guardian or to someone specifically authorized by them. The authorized person must be prepared to *furnish a valid picture ID* to a Brompton staff member, office personnel or Child care program staff member.

Complete, Sign & Date back page

Please list any and all persons you authorize to pick up your student(s)

Person #1

Name: _____
Address: _____
City: _____ State ____ Zip _____
Home Phone: () _____ - _____
Work Phone: () _____ - _____
Cell Phone: () _____ - _____
Emergency Contact: yes / no (circle one)

Person #2

Name: _____
Address: _____
City: _____ State ____ Zip _____
Home Phone: () _____ - _____
Work Phone: () _____ - _____
Cell Phone: () _____ - _____
Emergency Contact: yes / no (circle one)

Person #3

Name: _____
Address: _____
City: _____ State ____ Zip _____
Home Phone: () _____ - _____
Work Phone: () _____ - _____
Cell Phone: () _____ - _____
Emergency Contact: yes / no (circle one)

Person #4

Name: _____
Address: _____
City: _____ State ____ Zip _____
Home Phone: () _____ - _____
Work Phone: () _____ - _____
Cell Phone: () _____ - _____
Emergency Contact: yes / no (circle one)

PRINT (Parent/Legal Guardian Name)

SIGNATURE (Parent/Legal Guardian Name)

Date