

AUTHORIZATION OF CARPOOL & PICK-UP CONTACTS

Student Name _____

Please list the individuals authorized to carpool and/or pick up your child.

*Please check one or both for each contact. *We will call in the order they are listed.

#	Contact Name	Phone #1	Phone #2	Relation to Child	Which days or All days?	*C	*P	To update- Put Date/ Initial
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

*C = CARPOOL—Individuals who are authorized to pick up your child from school for carpooling.

*P = PICK-UP—**IF YOU or EMERGENCY CONTACTS CANNOT BE REACHED**, these individuals may be asked to pick up your child from school in the event of weather or medical emergency.

Parent/Guardian Signature _____ Dated _____