



Alternate Person Pick-Up Consent Form

Date _____ Class Color _____

I _____ parent of _____,
(parent's name) (student's name)

am authorizing these people to pick up my child when I am not able to
do so.

Name of person _____

Name of person _____

Name of person _____

Name of person _____

Name of person _____

Name of person _____

Name of person _____

Parent's Signature _____