



ELM GROVE LUTHERAN CHILD PICK UP AUTHORIZATION FORM

YEAR _____

CHILD(REN)'S NAME	GRADE	TEACHER

PARENT OR GUARDIAN NAME: _____

PHONE NUMBERS FOR PARENTS (MAKE SURE TO PRINT CLEARLY)

1" PARENT CONTACT# _____

2" PARENT CONTACT# _____

3" PARENT CONTACT# _____

OTHER POSSIBLE NUMBERS FOR PARENTS _____

In case the school needs to go to reunification site, we need names of other adults (18 years or older) that you (the parent or guardian) have spoken to and give permission to pick up your child(ren) in case you are unable to be there yourself. The names you provide on this form will be the only adults able to pick up your child(ren). While some of the names you are authorizing might be the same as emergency contact individuals, we will only use the names on this form for the reunification process. Please be specific as we will be asking to see this person's ID when picking up your child(ren). We will not allow your child(ren) to go with an adult whose name is not on this list. Thank you for your cooperation and understanding.

NAME	PHONE NUMBER	PLEASE PUT AN "X" IF THEY HAVE AGREED TO PICK UP YOUR CHILD

I HAVE SPOKEN TO THE ADULTS LISTED ABOVE, AND I GIVE THEM AUTHORIZATION TO PICK UP MY CHILD(REN) FROM THE REUNIFICATION SITE IN THE EVENT I AM UNABLE TO BE THERE.

PARENT SIGNATURE: _____