Authorized Pick Up List

Last	First	Relationship	Phone	Emergency Contact
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO

Date_____ **Parent's/Guardian's Signature**_____