



## Pick Up Authorization/Emergency Contact 2017-2018

_____	_____	_____
<b>Print</b> Student Last Name,	First Name	Grade (2017-2018)
_____	_____	_____
<b>Print</b> Student Last Name,	First Name	Grade (2017-2018)
_____	_____	_____
<b>Print</b> Student Last Name,	First Name	Grade (2017-2018)
_____	_____	_____
<b>Print</b> Student Last Name,	First Name	Grade (2017-2018)
_____	_____	_____
<b>Print</b> Student Last Name,	First Name	Grade (2017-2018)

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 Childcare 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