

# AFTER SCHOOL CARE AUTHORIZED ADULTS

**For the safety of all students in after school care, all those authorized to pick up your student from after care must be on file with the school office.**

The following individuals are authorized to pick up my student instead of his/her parents/guardian.

**Please print clearly or type all information.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Alternate #1

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Alternate #2

Name: \_\_\_\_\_ Tel.# \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Alternate #3

Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

**If *any* of this information changes, please send written notification to the school office.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**