



Child Release for Authorized Pick-ups

Name of Child _____

Persons Authorized to Pick up Child:

I authorize the following individuals to pick up my child from school ANYTIME (include parents' names, cross out any spaces not used):

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Additional parties who you wish to allow for pick-up will be received on a case by case basis provided you give the school notice, in writing via email, by 2 p.m. the day of pick-up. AIS administration may verify the source of the email by confirming with you by telephone.

In Case of Emergencies, when I/we are unavailable*, please indicate the following:

(*The parents will always be the first people contacted in an emergency.) The following individuals can be called in case of an emergency if I/we cannot be reached, and I authorize these individuals to come and get my child if I cannot be reached:

Name _____ Phone # _____ Relationship _____

Address: _____

Name _____ Phone # _____ Relationship _____

Address: _____

Signature of parent or guardian

Date

Address

City

State

Zip Code