



Dear Parents,

If your child/children will need to be picked up after school by any person other than the parent or guardian listed on your Emergency Medical Form, please fill out the form below and return this form to the school office as soon as possible.

Thank you for your attention to this very important matter.

Mrs. Jo Rhoten, Principal

There will be times that my child/ren, \_\_\_\_\_

Will be picked up by \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone number \_\_\_\_\_

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

\_\_\_\_\_  
Date