

Pick-Up Authorization Form

I, _____, give permission to _____ at the following
(Parent/Guardian) (Authorized Person)
number _____ to pick-up my child _____ who is currently
(Authorized Person's Phone Number) (Student's Name)
attending _____ School.
(Name of School)

The above mentioned person may also check my student in or out for appointments. This authorization shall remain in effect for the entire school year, unless I come in and change the authorization date in person.

However, in an emergency situation, any persons listed as an emergency contact in Infinite Campus are authorized to pick up my student as well.

(Parent/Guardian Signature)

(Date)

Parent must complete and sign a new Pick-Up Authorization Form each school year.

School Year 2026 –2027 _____