



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