



Overbrook School for the Blind

Student Transportation Pick-Up Permission Form

Child's Name: _____

Parent(s) or Legal Guardian(s)' Names:

Child's Program : _____

I give my permission for the following people to pick up my child if I am not available. I understand that if I do not contact the school to inform them that I am sending someone to pick up my child, Overbrook School for the Blind will not release my child until confirming my approval by phone. If I cannot be reached, my child will not be released even to a person designated on my list below.

Signature of parent or legal guardian

Date

Parent/Guardian phone numbers: Home: _____

Cell: _____

Designated people to pick up my child:

1. **Name:** _____ **Relationship:** _____

Phone Number(s) : (H) _____ (C) _____

2. **Name:** _____ **Relationship:** _____

Phone Number(s) : (H) _____ (C) _____

3. **Name:** _____ **Relationship:** _____

Phone Number(s) : (H) _____ (C) _____