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)________________________