

Student \_\_\_\_\_  
Student \_\_\_\_\_  
Student \_\_\_\_\_

Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Grade \_\_\_\_\_

**Greenwood School  
Pick Up Authorization  
2009-10 School Year**

All students attending Greenwood School should have at least three or more people authorized to pick them up from school in case the parents are unable, or in the case of an emergency.

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***Please read and sign the following statement: In the event of an emergency, I understand that the staff at GWS will care for my child in my absence until I, or one of my designated people, arrive. If none of the authorized individuals are able to pick up my child, Greenwood faculty or staff may relocate my child to another location, as they deem necessary.***

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Name: \_\_\_\_\_  
Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relation: \_\_\_\_\_

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Name: \_\_\_\_\_  
Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relation: \_\_\_\_\_

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Name: \_\_\_\_\_  
Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell #: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relation: \_\_\_\_\_