

# Hardeman County Schools

## Authorization for Pick-Up Form

Student's Name: \_\_\_\_\_

Please list below all individuals who are authorized to pick up your child/children. The individuals may also be called in the event of an emergency if the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

### Parents/Guardians

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

### Others Authorized to Pick up Student

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST ZIP Code

\_\_\_\_\_  
City, ST ZIP Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST ZIP Code

\_\_\_\_\_  
City, ST ZIP Code

I do hereby authorize Hardeman County Schools to release my Child to the above listed people in the event I am unable to pick him/her up myself. I release Hardeman county Schools from any and all responsibility for problems that may develop when such persons take my child from the school premises.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date