



Student's Name

Please List All Persons Authorized to Check Your Child Out of School and Administer Medication

Name	Phone	Name	Phone
Name	Phone	Name	Phone
Name	Phone	Name	Phone

ONLY THE ADULTS LISTED ABOVE WILL BE ABLE TO CHECK-OUT YOUR CHILD AND ADMINISTER ANY MEDICATION. NO EXCEPTIONS!

Parent's/Guardian's Signature

Date

Any Changes In Contact Information or Authorized Persons to Check Students Out/Administer Medication Please See Front Office.