

Pyle Middle School Parent Reunification Sheet
Authorization for Emergency Pick-Up

Please provide us with important information, which may be needed in case of a crisis and/or the need for a Shelter-in Place. Your child will only be released to the **parent(s) listed** on this sheet or a person designated by the parent only after the emergency code has been lifted. **Valid identification from everyone** will be necessary for your child to be released *from* the building. Only those persons listed below will be permitted to pick up your child after the Shelter-in-place has ended **Please print clearly**

Student's Name: _____

Address: _____

Home Number: _____

Parent's Name and Work Number: _____

Parent's Cell Phone: _____

Parent's Name and Work Number: _____

Parent's Cell Phone: _____

I give the following persons permission to pick up my child in an emergency situation.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

I understand that I must give written permission for my child to be picked up at the bus stop or at school by anyone other than myself. I accept full responsibility for my child in releasing him/her to the persons listed above I understand that my child will not be released to anyone whose name is not on the above list.

Parent's Signature

Date

Parent's Signature

Date