



**EMERGENCY PICK-UP  
FORM**

EDUCATIONAL SERVICES DIVISION  
Career, Technical and Adult Education

Islip Career Center

**Please print legibly**

Student: \_\_\_\_\_ Session: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Person in Parental Relation:

\_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

***The following individuals have my permission to pick my child up from school in the event that I am unable to do so and/or in the event of an emergency.***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

**Please Note:** Only those persons appearing on this form will be allowed to pick up a child from school with prior parental consent and must provide a current form of identification. Students **will not** be released without the completion of this form.

\_\_\_\_\_  
**Parent/Person in Parental Relation Signature**

\_\_\_\_\_  
**Date**