



**EMERGENCY PICK-UP
FORM**

EDUCATIONAL SERVICES DIVISION
Career, Technical and Adult Education

BTC MTC WTC Academy Teacher: _____

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