

ATTACHMENT 6 - CHILD PICK-UP AUTHORIZATION

I, _____, authorize MMS to release my child(ren) to the person(s) designated. This is in consonance with the MMS Emergency Operations Plan.

Student's Name

Designated Custodian(s)
Name & Relationship

Your signature

Relationship

Date

Print Name

Address

(Home Phone)

(Work)

(Cell)

NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.

PLEASE PRINT CLEARLY.