Student Name:_____

Middle School Supplementary Pick-Up List

Please place the names of adults who you may call upon to pick up your student during the school hours when they are sick or must go home for other reasons. You may also list a high school son or daughter to pick your child up. These names are in addition to the primary emergency contacts you placed on your child's emergency card. These adults are those YOU may contact for a pick up (you, for example, may not be able to get off work to pick up your child and must contact someone else to do so). We will not contact anyone not mentioned on the emergency card. You are responsible for out of school supervision of your child if they must go home during the school day.

You may call or come in to update this list at anytime.

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

_____

Your Signature Date