

Student Pick-Up Authorization for Reunification Process

I, _____, authorize Morrisonville Unit School Dist. #1 to release my child (children) to the person(s) designated. This is an agreement with the Morrisonville School District Emergency Operation Plan.

Student's Name

**Designated Custodian(s)
Name & Relationship**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Print Your Name

Address

City

State

Zip Code

Home Phone #

Work Phone #

Cell Phone #

In the event my child (children) listed here:

has/have a personal mode of transportation at school when an emergency or evacuation occurs, I authorize him/her to use their personal mode of transportation for evacuation travel purposes and to transport other immediate family members listed above if feasible.

Signature

Relationship

Date