

Student Name(s): _____

Dear Parents & Guardians, If you plan on your child/children to be picked up at away events from an adult other than yourself, please indicate below the approved adult names that are allowed to pick up your son and/or daughter. This form should be turned into either the high school or elementary offices and a copy will be given to the coach, transportation director, and activities director. Please complete a new form for each season so we can assure accurate communication between the coaches, school offices, transportation, and activities office.

Thanks for your cooperation.

Joshua Ziegler

Please indicate the first and last names of the approved adults:

Parent Guardian Signature: _____

Date _____