

CHECKOUT PERMISSION FORM
Cedar Unified School District #25

Grade _____

The individual(s) listed below cannot check out my child at any time without my prior authorization (phone call or signed note) to the office.

_____INITIALS

In the event of **illness or emergency**, and I cannot be contacted or am unable to pick up my child during the **2019/2020** school year, I give my permission for the adults listed below to sign him/her out of school. The individual(s) will assume full responsibility for my child when they sign him/her out. **I understand the office staff may require the person to produce some form of picture identification.**

As always, any transportation changes will need to be made through the office with a telephone call or note prior to 3:00 P.M.

Student Name (Please Print)

- | | | |
|----|-------------------------------|---------------------|
| 1. | _____ | _____ |
| | Mother (Please Print) | Cell or Telephone # |
| 2. | _____ | _____ |
| | Father (Please Print) | Cell or Telephone # |
| | | OR |
| 3. | _____ | _____ |
| | Legal Guardian (Please Print) | Cell or Telephone # |

EMERGENCY CONTACT LIST

- | | Name (Please Print) | Relationship | Cell or Telephone # |
|----|---------------------|--------------|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Parent/Guardian Signature: _____

Date: _____