

AUTHORIZATION FOR PICK UP

Child's Name _____

	<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>WORK PHONE</u>	<u>HOME/CELLPHONE</u>
1	_____	Mother	_____	_____
	(Please Print)			
2	_____	Father	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

By my signature herein, I acknowledge that I understand that only those individuals listed on this page are authorized to pick up my child. My child will not be released by BACPAC to any other individuals, except when advance notice is given to Staff, by either calendar, phone call, written note, or email. PARENTS MUST BE LISTED.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

BACPAC
 School District of Benton Wisconsin
 Administrator, Todd Bastian Principal, Lisa Lawrence
 Phone: 608.759.4002 x 316