

**Emergency Contacts  
Authorization for Pickup  
Good Shepherd Lutheran School**



Please list below the persons to contact in case of Emergency if the school is not able to reach you

Preferred:

\_\_\_\_\_

Second:

\_\_\_\_\_

Please list persons allowed to pick up your child(ren) from the school

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

The individual listed here is NOT allowed to pick up your child at any time (Attach court order, legal order, etc.)

Name:

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_