

Reunification Information Card (2018-2019)
Parent/Guardian Release Authorization

Student Name: _____ **Grade:** _____

Custodial Mother's Name: _____

Address: _____

Telephone (Home) _____ Telephone (Cell) _____

Telephone (Work) _____

Custodial Father's Name: _____

Address: _____

Telephone (Home) _____ Telephone (Cell) _____

Telephone (Work) _____

The above listed individuals are the only authorized people to pick up my children listed below:

- Yes
- No (See Authorized Designated Persons Below)

Students of MSD of Boone Township

Name: _____ **Grade:** _____ **Gender:** _____

Name: _____ **Grade:** _____ **Gender:** _____

Name: _____ **Grade:** _____ **Gender:** _____

Name: _____ **Grade:** _____ **Gender:** _____

Designated Persons who are authorized to pick up my children in an emergency:

Name: _____ **Telephone:** _____

Address: _____ **Relationship:** _____

Name: _____ **Telephone:** _____

Address: _____ **Relationship:** _____

Custodial Mother's Signature: _____ **Date:** _____

Custodial Father's Signature: _____ **Date:** _____