



Pick-up Release Form

Child's Name: _____

Birth Date: _____

Contact Information

	Parent 1/Legal Guardian		Parent /Legal Guardian	
	First:	Last:	First:	Last:
Name				
Home Address				
Work Address				
Preferred E-mail Address				
Home Phone				
Cell Phone				
Work Phone				

Please list the names of any and all possible persons to whom the Upward Bound Program is allowed to release your child, if you are not available. List Contacts **IN THE ORDER** that you would like them to be contacted in the event of an emergency. Contacts **MUST PROVIDE A PICTURE ID** in order to pick up your child.

Name: _____

Telephone Number: _____

Relationship to Child: _____

Can this Person be contacted in case of an emergency? Yes No

Name: _____

Telephone Number: _____

Relationship to Child: _____

Can this Person be contacted in case of an emergency? Yes No

Name: _____

Telephone Number: _____

Relationship to Child: _____

Can this Person be contacted in case of an emergency? Yes No

Signature of Parent or Guardian

Date