



The Magellan International School  
El Colegio Internacional Magallanes  
麦哲伦国际学校

**Child Pick Up Authorization**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Please list the names of all persons authorized to pick up your child other than parents.

1. \_\_\_\_\_  
First Middle Last

Relationship to the student: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

DL/Identification #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

2. \_\_\_\_\_  
First Middle Last

Relationship to the student: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

DL/Identification #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

3. \_\_\_\_\_  
First Middle Last

Relationship to the student: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

DL/Identification #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date