

**J.D. DICKERSON PRIMARY SCHOOL  
PARENTAL CONSENT FORM  
SIGN OUT**

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

The following people **MAY** pick up my child from school:

Name	Relationship	Phone Number
------	--------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please Note:**

**Your child will not be released to anyone except the persons listed above and a Photo ID will be required before the child will be allowed to sign out. Also, we will need to be informed in writing of any changes in the way your child goes home. It will be your responsibility to notify the school as soon as possible of any changes.**

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)