

**UPPER DAUPHIN AREA SCHOOL DISTRICT
ALL-HAZARDS STUDENT PICK-UP AUTHORIZATION**

RELEASE INFORMATION

I _____ authorize the Upper Dauphin Area School District to release my below listed children to the persons designated in accordance with the Upper Dauphin Area School District All-Hazards Plan. These designations will stay in effect unless a new form is submitted to the District.

CHILDREN	GRADE

Signature and Date

Telephone Number

Address

City, State and Zip Code

DESIGNATED CUSTODIANS

Parents and Guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated. **Please print neatly.**

NAME	RELATIONSHIP

STUDENT DRIVER RELEASE

Please note that your child/children will only be allowed to remove their vehicle during an emergency if doing so is deemed safe by school administrators and does not create a disruption for first responders responding to the incident.

I _____ authorize my child/children to use his/her personal mode of transportation for evacuation travel purposes and to transport other immediate family members also, if feasible.

Signature and Date