



Athletic Student Pick-Up Authorization

Eagleview Middle School

I, _____ authorize _____
PRINT AUTHORIZED PICK-UP PERSON'S NAME (additional Names below)

to pick up my child, _____, who currently attends school at Eagleview Middle School.
PRINT STUDENT NAME

The above named person may check my student out for **Athletics events**. This authorization shall remain in effect

Date From: _____ **Date To:** _____

(You can indicate the end date as the end of school year if you wish to use this for sports later in the season.)

PARENT/GUARDIAN SIGNATURE

DATE

Additional names:

AUTHORIZED PARENT

DATE

AUTHORIZED PARENT

DATE

AUTHORIZED PARENT

DATE

AUTHORIZED PARENT

DATE

AUTHORIZED PARENT

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