



### Parent Authorization for Day Student Dismissal

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Parent Email: \_\_\_\_\_

I hereby give the following person(s) the right to pick up my child(ren) from school at regular dismissal times or in case of an emergency. This person(s) will act as a temporary guardian in my absence and is responsible for the care and safety of my child(ren) once he or she is dismissed from school. This person also has permission to serve on my behalf to, but not limited to:

- Drive my Child(ren) to Campus Events and Activities
- Provide a place my son/daughter may be allowed to stay overnight, pending appropriate sign out procedure through the Knox School
- Act as an approver of weekend and school break travel plans

I am aware that:

- I must contact the School within 24 hours if I no longer want the person(s) I designated as a guardian to hold such authorization
- If my child(ren)'s designated guardian changes, I must provide updated contact information via a new "Parent Authorization Form" and update my student's Boardingware profile.

Designated Guardian(s)

Primary: _____	Secondary: _____
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Phone Number(s): _____	Phone Number(s): _____
Email: _____	Email: _____

Please acknowledge the following Knox Student/Residential Life Policies by initialing the lines below: \_\_\_  
\_\_\_ Permission for my child(ren) to leave campus must be submitted by the parent or guardian to the Office of Student Life for every departure. My child(ren) will not be allowed to leave campus without parental or guardian permission.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_