I have accepte	ed custody of	,
·	(student name)	
a student in		School,
	(name of school building)	·
on(da	, 20, atm. ate) (time)	
	Signed	
	Printed Name	
	Address	
	FOR DISTRICT USE ONLY	-
Noti	the appropriate boxes to indicate what steps have been taken. ification or written permission of person with custody mission verified by district rrant	
Eme	ergency Nature of Emergency:	
	ntification of person seeking custody verified ntification:	
Sign	ned by person making verification check :	