

CHILD PICK-UP AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Main pick-up person

Main pick-up person

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

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

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Additional people who may pick up your child occasionally:

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

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

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

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

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

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Any person (s) NOT authorized to pick up your child/children:

\_\_\_\_\_

Note: Any person unfamiliar to us will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

And/ or

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_