



Child Pickup Authorization

Name: _____

Address: _____

Relationship: _____

Phone: _____

Additional persons who may pick up child/children on a less frequent basis:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

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

Note: Any person unfamiliar to our staff 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.

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____