



PICKUP AUTHORIZATION FORM

Child's Name: _____

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

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

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

Note: Any person unfamiliar to me 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 Signature

Date

