



Child Pickup Authorization

Name: _____

Address: _____

Relationship: _____

Phone: _____

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

1.) Name: _____

Address: _____

Relationship: _____

Phone: _____

2.) Name: _____

Address: _____

Relationship: _____

Phone: _____

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

Note: Under NO circumstances will any 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: _____