



## PICK-UP AUTHORIZATION

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

Parent/Guardian's Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Please list all individuals you authorize to pick up your child (limit 3)

The following people **MUST** present a photo ID at time of pick-up

Name	Relation	Phone
1. _____		
2. _____		
3. _____		

Parent/Guardian's Signature: \_\_\_\_\_

Must be original

Date: \_\_\_\_\_

CONFIDENTIAL