



Authorized Pickup Form

We, (Parent/Guardian Names) _____,

authorize the pickup of our child (Name) _____

(DOB) _____, by the following individuals in addition to ourselves:

First/Last Name: _____

Address: _____

Relationship to Child: _____

Phone: _____ Phone: _____

First/Last Name: _____

Address: _____

Relationship to Child: _____

Phone: _____ Phone: _____

First/Last Name: _____

Address: _____

Relationship to Child: _____

Phone: _____ Phone: _____

Parent Name (Print): _____

Parent Signature: _____

Parent Name (Print): _____

Parent Signature: _____