



Child Pick Up Authorization Form

Your child can only be released to those individuals whose names are listed.

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

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