



## AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed below. Please list all names including mother/father/guardian. (Must show I.D)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date