

AUTHORIZED PICK-UP FORM



Child's Name: _____

Please let us know who has authorization to pick-up your child. Include drivers in your carpool, relatives, friends, babysitters, or anyone else who might pick-up your child. For each name listed, include a phone number and relationship to your child.

Children will not be released to anyone not on this list. It is your responsibility to update this form whenever necessary.

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I do NOT authorize anyone other than myself or my child's other parent/guardian/s to pick-up my child.

Parent Signature _____ Date _____

.....

I authorize the following people to pick-up my child.

	Authorized Pick-Up Name	Phone With Area Code	Relationship to Child
1			
2			
3			
4			
5			

Parent Signature _____ Date _____