

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.**

.....

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 _____