



PICK UP AUTHORIZATION

I (we) the parent(s) of _____, give my (our) consent for the following individual(s) to pick up my (our) child if I (we) are unable to do so

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.

The following individual (s) are not allowed to pick up my (our) child

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.

Parent(s) signature

date

Provider signature

date