



Child Pickup AUTHORIZATION

Name of Child/ren _____

I hereby inform _____ that the people listed below are authorized to pick up the above named child/ren at any time.

Accordingly, _____ is hereby instructed to release my child/ren into the care of the following people whenever they come to the Center.

Approved name	Relationship to child/ren	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that:

- Parents/guardians must inform _____ in writing when the name of the person listed above will pick up their child/ren. This applies when the child's normal pickup routine varies.
- Any person that picks up your child/ren maybe asked to provide a photo ID to the staff if they are not familiar with the person on the above list.
- This document shall remain valid until edited or rescinded in writing by the parent/guardian.

Authorized by:

Parents/Guardian's print Name

Parents/Guardian's Signature

Date