



AUTHORIZATION FOR CHILD PICK-UP

I _____ give my authorization to have my child
(Parent's Name)

_____ picked up by _____
(Child's Name) (Person Picking Up Child)

One Time Only _____
(Date)

Keep On File Permanently

Parent's Signature

Date of Authorization

DRIVER'S LICENSE INFORMATION

License #: _____

Expiration Date:

Date of Birth: _____

(Please Attach Copy of Driver's License)

Office Staff Signature