

PERSONS AUTHORIZED TO PICK UP CHILD

Children's Name _____ Today's Date _____

Name: _____ Relationship: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

This consent will be in effect beginning (date) _____ and be annually updated by the parent/legal guardian.

Signature of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____ Date _____

Update: _____ Date: _____ Update: _____ Date: _____
Update: _____ Date: _____ Update: _____ Date: _____