

AUTHORIZATION TO PICK UP CHILD

Participant Name: _____

Please list all persons authorized to pick up the child or to notify in case of emergency.
(*Special Note: Please include the names of the parents who are authorized to pick up.*)

Name: _____ Relation to child: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ ext. _____

Cell Phone: _____

Name: _____ Relation to child: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ ext. _____

Cell Phone: _____

Name: _____ Relation to child: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ ext. _____

Cell Phone: _____

Name: _____ Relation to child: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ ext. _____

Cell Phone: _____