PICK-UP AUTHORIZATION

Program Name: ____________________________________________________________ (hereafter “Program”)

Date(s): ____________________________________________  Time(s): __________________________

Participant Name: ____________________________________________________________(hereafter “Participant”)

Parent/Legal Guardian Name: ____________________________________________________

Please fill out either Section I or II.

SECTION I

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named Participant will not be permitted to leave the Program with anyone who is not listed below. Authorized individuals must pick up children in person and may be requested to show identification to Program staff when picking up a Participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible person to pick up my child from the aforementioned Program activities:

Authorized Person: ____________________________  Phone Number: ____________________________  Relationship to Child: ____________________________
                                                                 ____________________________  ____________________________  ____________________________
                                                                 ____________________________  ____________________________  ____________________________
                                                                 ____________________________  ____________________________  ____________________________

The following individuals are not permitted to pick up my child:

Unauthorized Person: ____________________________  Brief Physical Description: ____________________________  Relationship to Child: ____________________________
                                                                 ____________________________  ____________________________  ____________________________
                                                                 ____________________________  ____________________________  ____________________________
                                                                 ____________________________  ____________________________  ____________________________

Parent/Guardian Signature: ____________________________________________  Date: _______________

Parent/Guardian Phone number: ____________________________

SECTION II

☐ My son/daughter is at least 16 years of age and will responsible for his/her own transportation to and from Program. My son/daughter may sign him/herself in at the start of Program activities and sign him/herself out at the end of Program activities.

Parent/Guardian Signature: ____________________________________________  Date: _______________