

PICK UP AUTHORIZATION

I. *Personal Information* (please print)

Today's Date: ___/___/___

Child's Name: _____ Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone(s): _____

Work Phone(s): _____

II. *Authorized Pick Up*

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 child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

<u>Authorized Person</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact University Police as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. *Authorized Dismissal*

(_____) Initial if your child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. Your child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

**Please note that only the enrolling parent will be permitted to complete this form.*