Programs and Activities Serving Minors
Pick Up Authorization

Program/Activity Name ____________________________________________

Personal Information (please print)                    Today’s Date: ___ / ___ / _____

Child’s Name: ___________________________________ Age: _____________

Parent/Guardian Names: __________________________________________

Home Phone: ___________________________ Cell Phone(s): _____________

Work Phone(s): _____________________________________________

Please select the appropriate authorization below:

I. 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/activity 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/activity 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/activity (attach additional pages as needed):

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<th>Authorized Person</th>
<th>Phone Number</th>
<th>Relationship to Child</th>
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Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program/activity members will contact the local police department 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.

II. Authorized Dismissal

☐ My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program/activity.

Signature of Parent or Guardian: _________________________________

Parent or Guardian Name*: _________________________________

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