

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):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.