



## Alternate Pick-Up Authorization Form

Child's Name:

\_\_\_\_\_

1. Alternate's Name: \_\_\_\_\_

Alternate's Phone #: \_\_\_\_\_

Relationship \_\_\_\_\_

2. Alternate's Name: \_\_\_\_\_

Alternate's Phone #: \_\_\_\_\_

Relationship \_\_\_\_\_

3. Alternate's Name: \_\_\_\_\_

Alternate's Phone #: \_\_\_\_\_

Relationship \_\_\_\_\_

Any person unfamiliar to our staff will be required to show identification before we will release the child(ren) to them. Under no circumstances will the child(ren) be released to anyone other than those listed above without written permission from the parent/guardian.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_