Pickup Authorization				
Child's Name			Date	
The people listed below have child's provider each time a s	my authorization to pick up my pecial pickup is necessary.	child fron	n the program. I will inform my	
Name	Relation to Child	Relation to Child		
These people are NOT allowed	d to pick up my child.			
Name		Relati	Relation to Child	
	-			

Parent's Signature