

The Following Persons Have My Permission to Pick Up My Child/Children _____

Name(s)

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Physical Description: _____

____ (initials) I authorize this person permission to obtain health information concerning this child.

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Physical Description: _____

____ (initials) I authorize this person permission to obtain health information concerning this child.

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Physical Description: _____

____ (initials) I authorize this person permission to obtain health information concerning this child.

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Physical Description: _____

____ (initials) I authorize this person permission to obtain health information concerning this child.

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Physical Description: _____

____ (initials) I authorize this person permission to obtain health information concerning this child.

The Following Person(s) May NOT Pick Up My Child/Children: (Supply picture if possible)

Name: _____

Physical Description: _____

Name: _____

Physical Description: _____

____ (initials) No person(s) other than the parent(s) have permission to pick up the child.

Signature of Parent or Guardian