

## 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