



Child Pickup Authorization

The following individuals have my permission to pickup my child from daycare.

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Special Remarks or Concerns: _____

Under no circumstances will my child be released to anyone other than the individuals named above without prior written authorization.

Parent / Guardian Signature

Printed Name

Relationship

Date

Parent / Guardian Signature

Printed Name

Relationship

Date