Child Pick Up Authorization

| Child's Name: | |
|--|---|
| Please list below the names of can add to this list at any time. | people who MAY pick up your child. You |
| Name: | contact # |
| | |
| | |
| | OT pick up your child. If you do not want the ld, we must have legal documents to |
| Name: | · · |
| Name: | |
| | |
| Signature: | date: |