



Authorization to Pick-up/Drop-Off Form

This form must be completed and signed by the participant’s parent or legal guardian.

PARTICIPANT INFORMATION

Participant’s Name _____

Permanent Address _____ Date of Birth _____ Sex _____

City/State/Zip _____ Home Phone _____

I, _____ hereby authorize:
(Parent/Guardian name, please print)

First and Last Name (Printed).....

Relationship

This individual is authorized to pick-up/drop-off my child.

First and Last Name (Printed).....

Relationship

This individual is authorized to pick-up/drop-off my child.

First and Last Name (Printed).....

Relationship

This individual is authorized to pick-up/drop-off my child.

Child’s Name (Printed)

Parent/Guardian Signature Date

Witness Signature : Date