



CHILDREN ON CAMPUS

PICK UP AUTHORIZATION

Program Name: _____ (hereafter "Program")

Date(s): _____ Time(s): _____

Participant Name: _____ (hereafter "Participant")

Parent/Legal Guardian Name: _____

Please fill out either Section I or II.

SECTION I

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named Participant will not be permitted to leave the Program with anyone who is not listed below. Authorized individuals must pick up children in person and may be requested to show identification to Program staff when picking up a Participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible person to pick up my child from the aforementioned Program activities:

AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD

The following individuals are not permitted to pick up my child:

UNAUTHORIZED PERSON	BRIEF PHYSICAL DESCRIPTION	RELATIONSHIP TO CHILD

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone number: _____

SECTION II

My son/daughter is at least 16 years of age and will responsible for his/her own transportation to and from Program. My son/daughter may sign him/herself in at the start of Program activities and sign him/herself out at the end of Program activities.

Parent/Guardian Signature: _____ Date: _____