Drop-off and Pick-up Authorization Form

**Drop-off**

1) Name of person authorized to drop off child: _______________________
   Date(s) for child to be dropped off by person named above:
   _____________________________________________________________

2) Name of person authorized to drop off child: _______________________
   Date(s) for child to be dropped off by person named above:
   _____________________________________________________________

**Pick-up**

1) Name of person authorized to pick up child: _______________________
   Date(s) for child to be picked up by person named above:
   _____________________________________________________________

2) Name of person authorized to pick up child: _______________________
   Date(s) for child to be picked up by person named above:
   _____________________________________________________________

If special arrangements are needed, please explain below:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Name of child: _________________________ Date: _______________

Signature of Parent or Legal Guardian: _______________________________