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: ________________________________