**Programs and Activities Serving Minors**

**Pick Up Authorization**

***Program/Activity Name***

***Personal Information*** (please print) **Today’s Date:** **/ /**

**Child’s Name:**  **Age:**

**Parent/Guardian Names:**

**Home Phone: Cell Phone(s):**

**Work Phone(s):**

**Please select the appropriate authorization below:**

1. ***Authorized Pick Up***

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 child will not be permitted to leave the program/activity with anyone who is not listed below.* Authorized individuals must pick up the child in person and may be requested to show identification to program/activity staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program/activity (attach additional pages as needed):

Authorized Person Phone Number Relationship to Child

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program/activity members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

# Authorized Dismissal

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program/activity.

**Signature of Parent or Guardian:**

**Parent or Guardian Name\*:**

\*Please note that only the enrolling parent will be permitted to complete this form.