

ONE TIME ONLY - PICKUP AUTHORIZATION FORM

TODAY'S DATE _____

I, _____ authorize my child/children to be picked up from Playschool

Child Care on : _____ / _____ /20____ , by _____
(name of person authorized to pickup child)

Name(s) of child to be picked up:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PARENT/GUARDIAN SIGNATURE

TEACHER SIGNATURE

This form WILL NOT add this person's name to your emergency contact form

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