

DROP OFF AND PICK UP AUTHORIZATION FORM

Name of Participant: _____

Participant Telephone Number: _____

Who has authorization to pick up and drop off:

Name Relation to Participant

Name Relation to Participant

Name Relation to Participant

SPECIAL CIRCUMSTANCES/CONCERNS (if any) _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian authorizing permission: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Signature of Parent/Guardian: _____ Date: _____