



PICK-UP AUTHORIZATION FORM

Return this form

I, _____
Parent/Guardian

hereby give authorization to the following person(s) to pick-up my child(ren) _____
Name of Child (ren)

at any time when they participate in ACT program activities. Please remind escorts that ID may be required at time of pick-up. Children under 12 years old do not qualify as a legal escort.

- 1 _____ relation: _____
- 2 _____ relation: _____
- 3 _____ relation: _____
- 4 _____ relation: _____
- 5 _____ relation: _____
- 6 _____ relation: _____
- 7 _____ relation: _____
- 8 _____ relation: _____
- 9 _____ relation: _____

******Note: Parents must notify the ACT Office in written form to modify the names of anyone listed above.**

Signature of Parent/Guardian: _____

Date completed: _____