LEARNING POD

Little sprouts

AUTHORIZED PICK-UP

RELEASE FORM

Child's Name:

Date: / / (DD/MM/YYYY)

DOB: / / (DD/MM/YYYY)

Individuals Authorized to Pick-up Child

These individuals will be allowed to pick up said above-named child. They must present valid identification.

AUTHORIZED PERSON #1

Full Name: _____
Relationship to Child: _____
Phone Number: _____

AUTHORIZED PERSON #2

Full Name: _____
Relationship to Child: _____
Phone Number: _____

AUTHORIZED PERSON #3

Full Name: _____
Relationship to Child: _____
Phone Number: _____

AUTHORIZED PERSON #4

Full Name: _____
Relationship to Child: _____
Phone Number: _____

Consent & Agreement

I, the Parent/Legal Guardian of the above-named child, agree that:

- If someone not listed above needs to pickup my child, I will provide written consent and notify the daycare/pod in advance.
- My child will not be released to any individual who is not on this list unless I provide direct authorization.
- All authorized individuals must provide a valid photo ID upon pick-up.

Parent/Guardian Name: _____ Date: ___/___/___

Parent/Guardian Signature: _____