

Child's Name: _____

Location: _____

**Collier County Parks and Recreation Department
PICK-UP AUTHORIZATION FORM**

As Parent/Guardian of _____, I authorize that
(Child's First Name and Last Name)

the following people may pick-up my child. I acknowledge that my child will only be released to those people listed below, and that anyone picking up my child, **including myself**, will be required to present picture I.D. at the time of pick-up. I understand that any additions to this list **must be made in writing** and **CANNOT be made by phone**.

LIST OF PEOPLE AUTHORIZED TO PICK-UP MY CHILD (include self):

<u>Name</u>	<u>Home #</u>	<u>Work #</u>	<u>Other #</u>	<u>Relationship</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____

(Parent/Guardian Signature)

(Printed Name of Parent/Guardian)

(Date)