

FHSU TIGER TOTS PRESCHOOL CENTER

Pick-Up Authorization Form

I hereby authorize the following individuals to be able to pick up my child, _____
in my absence.

_____/_____
NAME RELATIONSHIP

_____/_____
NAME RELATIONSHIP

_____/_____
NAME RELATIONSHIP

_____/_____
NAME RELATIONSHIP

_____/_____
NAME RELATIONSHIP

_____/_____
NAME RELATIONSHIP

**I will inform the staff in advance on each occasion of the need for this person to pick up my child.

**This authorization is valid from _____ to _____.

Print Name: _____

Signature: _____
Parent/Guardian

Date: _____