

# 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 August 24, 2020 to May 14, 2021.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_