

# Authorized Pick Up Form

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### People Other Than Parent Authorized to Pick Up Child

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Child's Name: \_\_\_\_\_

Authorized Person Name: \_\_\_\_\_

Phone: (     )     - \_\_\_\_\_

Authorized Person Name: \_\_\_\_\_

Phone: (     )     - \_\_\_\_\_

Authorized Person Name: \_\_\_\_\_

Phone: (     )     - \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

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