

## Family Support Center Drop off and Pick up Authorization

Children's Last Name \_\_\_\_\_ Date \_\_\_\_\_

The following adults are authorized to drop off and/or pick up my child:

Self	Phone #
Name	Phone #
Name	Phone #
Name	Phone #

Only the individuals listed above will be allowed to pick up your child. They **MUST** provide a current picture ID before the child will be released to them. This includes the parents and/or guardians.

**Is there anyone who may try to pick up your child without authorization?**

YES  NO

If yes, please give a name and a description.

\*Please provide a copy of a protective order if applicable.

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**\*A new form must be completed if your information has changed.**

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Parent/Guardian Signature	Date
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Parent/Guardian Signature	Date
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**Emergency Contact other than parents:**

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Name	Relationship
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Address	Phone #
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Child's Physician	Phone #
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Insurance Company	ID#
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