

GEORGIA STATE UNIVERSITY

PICK - UP AUTHORIZATION

Program Name: _____

Date(s) of Program: _____

Participant Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Phone Number:** _____

Authorized Pick-Up

Please list any individual **other than yourself** who is authorized to pick up your child. Authorized individuals must be at least 16 years of age, must pick up the child in person, and may be requested to show identification to program staff. Participant **will not** be permitted to leave the program with anyone who is not listed below or who does not provide acceptable identification upon request.

I authorize the following responsible person(s) to pick up my child from the Program (you may write additional names and information on the back of this Pick-Up Authorization Form as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that your child must be picked up by designated Program times. If an authorized adult is unable to be reached, Program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

Please contact the Program at any time if you need to update this Pick-Up Authorization Form.

Authorized Dismissal:

_____ **INITIAL HERE ONLY** IF your child will be responsible for his/her own transportation (driving or public transportation) to and from the Program, and may sign himself/herself out at the end of the Program.

Signature of Parent/Guardian: _____

Date: _____