

Pick Up and Release Form

In person Request for Release of Child

THIS FORM MUST BE COMPLETED TO DOCUMENT THE REQUEST BY A PARENT FOR THE RELEASE OF A CHILD TO A PERSON(S)

ONE TIME PICK UP

Name of child:	
Date of pick up:	Time of pick up:
Name of individual to whom the child is being released to:	
Name of requesting parent: _____	Sign: _____
Date:	
Name of staff taking request: _____	Sign: _____
Date:	

EXTENDED PICK UP

(Valid for maximum of one year)

Name of child:	
Authorization start date:	End date:
Name of individual to whom the child is being released to:	
Name of requesting parent: _____	Sign: _____
Date:	
Name of staff taking request: _____	Sign: _____
Date:	

AT PICK UP INDIVIDUAL MUST SHOW IDENTIFICATION