

Georgia Highlands College Youth Program

PICK UP AUTHORIZATION

I. PERSONAL INFORMATION

Child's Name _____ Age _____

Parent/Guardian Names _____

Home Phone _____ Cell Phone _____

Work Phone _____

II. AUTHORIZED PICK UP

Please list individuals who are authorized to pick up your child, including yourself. Authorized individuals must be at least 16 years old. Children will not be permitted to leave the program with individuals that are not listed below. Please note that identification may be requested by program staff.

I authorize the following individuals to pick up my child from the program:

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. DISMISSAL

Please initial if your child is at least 16 years old and will be responsible for his/her own transportation to and from the program. Your child may sign himself/herself out at the end of program activities.

Signature of Parent/Guardian _____

Parent/Guardian Name _____