Child Action, Inc.

Client Services

Authorization for Pick-up

Parent/Guardian Name:_____
(Please print: Last Name First Name MIiddle Initial)

First and last names of child(ren) on the program:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Names of persons (18 years of age or older) authorized to take your child(ren) from the facility, either daily or in case of emergency:

Name	Phone #	Relationship to Child

_____ _____

Parent signature Date