

**SMALL SAVERS  
AUTHORIZED PICK-UP PERMISSION**

CHILD'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK-UP THE ABOVE-NAMED CHILD FROM SCHOOL WHEN NEITHER PARENT IS ABLE TO:**

1. NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

3. NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

4. NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**I UNDERSTAND THAT THE CENTER DOES NOT ACCEPT AUTHORIZATION FOR PICK-UP BY TELEPHONE. I WILL NOTIFY THE CENTER IN WRITING EACH TIME PERSONS OTHER THAN MYSELF (THE PARENT(S)/GUARDIAN(S)) WILL BE PICKING UP THE ABOVE-NAMED CHILD. I UNDERSTAND THAT IDENTIFICATION IS REQUIRED.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_