



Pick up Authorization

The following people are authorized to pick up my child from Swanton Recreation Programming. I understand my child will be allowed to leave with these individuals only. Identification will be required.

Child's Name:

(Parents/Guardians, please include yourselves)

Authorized Person #1

Address:

Phone:

Relationship:

Authorized Person #2

Address:

Phone:

Relationship:

Authorized Person #3

Address:

Phone:

Relationship:

Authorized Person #4

Address:

Phone:

Relationship:

NAME OF PERSON NOT ALLOWED TO PICK UP CHILD:

Parent/Guardian Signature

Date:
