



Authorization to Pick Up Form

Child's Name: _____

Please list below all individuals who have authorization to pick up your child/children. The individuals may also be called in the event of an emergency and the parent(s) can not be reached.

Parent/Guardians (please place an "X" behind parent with primary custody) Split households **MUST PROVIDE** documentation of custodial degrees by the court system.

_____ **Mother's Name:** _____

_____ **Father's Name:** _____

Individuals authorized to pick up your child(ren):

1. **Name:** _____ **Phone:** _____

Address: _____

2. **Name:** _____ **Phone:** _____

Address: _____

3. **Name:** _____ **Phone:** _____

Address: _____

4. **Name:** _____ **Phone:** _____

Address: _____

5. **Name:** _____ **Phone:** _____

Address: _____

I hereby authorize St. John's to release my child to the above listed people in the event I am unable to pick him/her up myself. I release St. John's from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Guardian with Primary Custody

Date