## Childcare / Camp Pick-Up Authorization Addendum Form





Child's Name	
Please list all the children's name if this notice a	
I, (parent/guardian)am requesting to add an authorized pick-up from the list of my child's approved pick-up list.	
Individual(s) to be added / removed from my cl	hild's approved pick-up list:
Name	Phone
Time frame of authorized pick-up:	
One day only. Date of specified pick-up	'
Week of	_
For the dates ranging	
For the remainder of / duration of the r	egistered program.
(Note: if removing a parent/guardian from you appropriate documentation to a Director. (Ex. C paperwork, etc.)	r child's pick-up list, you <u>must</u> provide the Custody paperwork, court documentation, DHHS
Parent/Guardian Signature Date	
Director Signature	Date
For internal use only ————————————————————————————————————	
Parent/Guardian called to adapt authorize guardian provided verbal consent for authoriza	
Supervisor signature	Date