

# **EMAA CHILD DROP OFF AND PICK UP AUTHORIZATION FORM**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## **THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD FOLLOWING TRAINING:**

1. Parent/Guardian (please print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

2. Parent/Guardian (please print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## **PERSON(S) OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP AND/OR DROP OFF CHILD:**

1. Name (please print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name (please print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name (please print) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of a last-minute change or addition, please send a note authorizing your child's release to the new person and including the dates for which permission is given.

## **IS THERE ANYTHING ELSE WE SHOULD KNOW FOR THE SECURITY AND SAFETY OF YOUR CHILD?**

---

---

---

---