

Authorized Pickup Form – WSY&R Programs

Please put ALL pickup people on this form or updated them in your account questions

Participant Information

Child’s Full Name: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Authorized Pickup List

I authorize the following individuals to pick up my child from the program. I understand that identification is required at pickup.

Name	Relationship to Child	Phone Number	Notes (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Restrictions (if applicable)

Please list any individuals who are NOT authorized to pick up your child:

Emergency Contact (if different from parent/guardian)

Name: _____

Phone Number: _____

Relationship to Child: _____

Photo ID Requirement

All authorized individuals must present a valid photo ID at the time of pickup.

Parent/Guardian Authorization

I understand that my child will only be released to individuals listed above unless prior written notice is provided. I agree to notify staff of any changes to this list.

Parent/Guardian Signature: _____

Date: _____

Staff Use Only Staff Initials: _____ Input into myrec _____