Authorized Pick-Up List

The people listed below have my authorization to pick up my child from the program. I will inform my child's director/teacher each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below if I am unavailable. I also realize that they will be required to provide proper identification each time that they arrive at the center. If an individual is not listed on this form, a telephone call WILL NOT be sufficient to release the child to that individual. Parent/Guardian

Child's Name_____ Parent/Guardian Signature_ Come to the Portland Promise Center to sign. **Please Print** Name **Relation to Child Phone Number Relation to Child Phone Number** Name **Relation to Child** Phone Number Name Name **Relation to Child** Phone Number