



ALTERNATE PICK-UP PERMISSION

CHILD(REN)'S NAME: _____ DATE: _____

AUTHORIZED PICK- UP CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO CHILD: _____ PHONE NUMBER: (____) _____ - _____

PERMISSION TO RELEASE AT ANY TIME

I, _____ give permission to _____
PARENT/ GUARDIAN'S FULL NAME NAME OF PERSON AUTHORIZED TO PICK- UP

to pick up _____ at any time from Paradigm Care & Enrichment Center
CHILD(REN)'S FULL NAME

a note or a verbal communication from myself on any given day. I understand that the above named person may be asked for photo identification each time upon entering the building and will advise him/her to carry it when entering.

DO YOU WANT TO ADD THE ABOVE AUTHORIZED PICK UP PERSON AS AN AUTHORIZED EMERGENCY CONTACT? Yes No

DO YOU WANT TO PURCHASE A KEYCARD FOR THE ABOVE AUTHORIZED PICK UP PERSON? Yes No

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY

PROCARE

Binder