



# Child Pick-Up Authorization Form

THIS FORM CAN BE COPIED — ONE PARTICIPANT PER FORM.  
PLEASE PRINT AND FILL OUT COMPLETELY.

**Pelican Community Park**  
18115 North Bay Road  
Sunny Isles Beach, FL 33160

305.792.1706 (phone)  
305.792.1566 (fax)

**PLEASE PRINT:**

I \_\_\_\_\_ as legal custodian/parent/guardian (**circle one**) of \_\_\_\_\_, (**write name of child**) hereby authorize the following person(s) including legal custodian/parent/guardians that have my permission to pick up my child from the above referenced Center at any given date. I hereby agree to inform the following persons that proper photo identification will be required in order to pick-up my child/ward.

For each person authorized below to pick-up your child, please clearly indicate their name, home/cell #, and relationship status (e.g. parent, legal custodian, guardian, family member such as aunt/uncle, grandparent, etc., or friend) in the space provided below. Please also ensure to list the **specific days** they are authorized to pick-up your child (you can state ALL if there are no restrictions).

**PLEASE PRINT:**

<u>Name</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>	<u>Relationship</u> (indicate whether person is legal custodian, parent, guardian, family member or friend)	<u>List the pick-up/drop/off days</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

**Persons NOT permitted to pick-up child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby agree that if the above authorization for pick-up of my child/ward changes, I shall immediately contact the Center and submit a revised authorization form. Furthermore, I acknowledge that if there are any legal issues affecting this Pick-Up Authorization, I shall immediately provide the Center with an updated court document stating such.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Name of Parent/Legal Guardian (Print)

\_\_\_\_\_  
Date

Parent/Legal Guardian's Phone Number: (      ) \_\_\_\_\_