

C.A.R.E.S. Program

Authorization Pick-up Form

Dear Parents,

Please list below any additional people that you authorize to pick-up your child(ren) if you are unable or in case of an emergency. Please remember that all individuals picking up your child must have their Driver License with to show to the CARES employee. Thank you.

NAME	RELATIONSHIP	CONTACT #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Name: _____

Child(ren) and grade: _____

Thank you,

Mrs. Joan Lowthert

Ms. Peacock