

PICKUP AUTHORIZATION FORM

The following person/persons is/are authorized to pick up my child/children from Girls Incorporated. I understand that only the person/persons listed below will be allowed to pick up my child or children.

PLEASE PRINT LEGIBLY!!

Person's Name

Phone Number

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Parent/Guardian

Date