

FCS After School Program

Pick Up Authorization Form

The following individual(s) are authorized to pick up my child/children listed below from the FCS After School Program. I understand my child/children will only be released from the After School Program to an authorized individual listed below. I also understand the individual(s) listed are required to pick up my child/children in person.

I (parent/guardian) _____ **give:**
Print Parent/Guardian Name

The following individual(s) my permission to pick up...

1. _____
Name of Authorized Individual Phone Number
2. _____
Name of Authorized Individual Phone Number
3. _____
Name of Authorized Individual Phone Number
4. _____
Name of Authorized Individual Phone Number

the following child/children from the FCS After School Program.

1. _____
Childs Name
2. _____
Childs Name
3. _____
Childs Name
4. _____
Childs Name

Parent/Guardian Signature _____ **Date** _____