



# PICK-UP AUTHORIZATION FORM

**Return this form**

I, \_\_\_\_\_  
Parent/Guardian

hereby give authorization to the following person(s) to pick-up my  
child(ren) \_\_\_\_\_  
Name of Child (ren)

at any time when they participate in ACT program activities. Please remind  
escorts that ID may be required at time of pick-up. Children under 12 yrs.  
old do not qualify as a legal escort.

- 1 \_\_\_\_\_ relation: \_\_\_\_\_
- 2 \_\_\_\_\_ relation: \_\_\_\_\_
- 3 \_\_\_\_\_ relation: \_\_\_\_\_
- 4 \_\_\_\_\_ relation: \_\_\_\_\_
- 5 \_\_\_\_\_ relation: \_\_\_\_\_
- 6 \_\_\_\_\_ relation: \_\_\_\_\_
- 7 \_\_\_\_\_ relation: \_\_\_\_\_
- 8 \_\_\_\_\_ relation: \_\_\_\_\_
- 9 \_\_\_\_\_ relation: \_\_\_\_\_

**\*\*\*\*Note: Parents must notify the ACT Office in written form  
to modify the names of anyone listed above.**

Signature of Parent/Guardian: \_\_\_\_\_  
Date completed: \_\_\_\_\_