



In an effort to protect our participants, we are asking that you let us know, in advance, who has permission, other than you or the FCPRD household member, to pick up your child/children. You may pre-authorize individuals to pick-up by listing them below. Please let these individuals know they may be asked to show photo identification. Anyone coming to pick up your child/children who is not on the list will not be allowed to pick up your child/children unless we have received a prior written or verbal notification and those details have been notated on the Permission to Pick-up Form.

I hereby grant permission for the basicREC program to release my child/children listed below:

| | |
|---------------|--|
| Child's Name: | |
| Child's Name: | |
| Child's Name: | |

To the following authorized people listed below:

(Custody Papers must be attached if a parent is not allowed to pick up the child)

| | |
|--|------------------------------|
| 1 st Person Authorized to Pick-up Name: | Relationship to Child: |
| Address is different from Child: | Home Phone Number: Email: |
| Work Name & Address: | Work Number: Cell Number: |
| 2 nd Person Authorized to Pick-up Name: | Relationship to Child: |
| Address if Different from Child: | Home Phone: Email: |
| Work Name & Address: | Work Phone: Cell Phone: |

Primary Guardians Name: _____

Primary Guardian Signature: _____ **Date:** _____

If the permission was given over the phone the following must be completed including the information from above:

Primary Guardian's Name: _____ **Date:** _____ **Time** _____

Phone Number used for Permission: _____

Staff Use ONLY: (Recreation Technician's Signature: _____