

Permission to Pick Up

Child:	DOB:		
Parent:	Date:		
Address:	Phone:		
<p>Please complete the following information in the event that someone other than yourself may pick up your child from a social skills group. You must notify us in advance of who will be picking up your child. Please note that we may ask that person to present identification to verify their identity before releasing your child to her/him</p>			
Name	Address	Relationship	Phone #
Signature of parent/guardian:			Date:
Printed name of parent/guardian:			