



Pick Up Authorization Form

To ensure the safety of your youth, please list other adults/providers to whom your youth may call/visit/pick up youth:

Name: _____ Relationship to youth: _____

Phone Number: _____ Signature: _____

Name: _____ Relationship to youth: _____

Phone Number: _____ Signature: _____

Name: _____ Relationship to youth: _____

Phone Number: _____ Signature: _____

Name: _____ Relationship to youth: _____

Phone Number: _____ Signature: _____

Name: _____ Relationship to youth: _____

Phone Number: _____ Signature: _____

STOP PLEASE READ!

Anyone that is banned/blocked NOT authorized to be called/call/visit/ pick up:

Name: _____ Relationship to youth: _____

Phone Number: _____ Signature: _____

Name: _____ Relationship to youth: _____

Phone Number: _____ Signature: _____