



Authorization Request for Alternate Child Pick-Up

Child's Name:

Date of Alternate Person Pick-Up: Approximate Time:

Who Will Pick Up Child:

- Name:
- Address:
- Phone Number:

Parent/Guardian Signature:

Date of Request:

CAPLC Staff Receiving Form Signature:

*Please Note: this is a one-time authorization and this person will NOT be added to your current list of approved persons for pick-up unless you specify as such; person listed above will be required to show Identification



Time Child Was Picked Up:

Picked Up By:

Identification Verified: YES NO

Signature of Person Picking Up:

CAPLC Staff Signature: