



# Pick-up/Drop-off Authorization Form

I \_\_\_\_\_ (PRINT parent's name) authorize those indicated below to pick up/and/or drop off \_\_\_\_\_ (Please PRINT child's name), at DevelopMeant Therapy Center on the basis indicated below.

**Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

- Pick up**
- Drop off**
- Always**
- Once on Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

- Pick up**
- Drop off**
- Always**
- Once on Date:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_