

Authorized Pick Up Form

Only the following persons are authorized to pick up my child, _____ from Half Acre Stable.

1) Name

Phone number

Relationship

2) Name

Phone number

Relationship

3) Name

Phone number

Relationship

4) Name

Phone number

Relationship

Please list anyone you do **NOT** want to pick up your child.

If you do not want the other parent to pick up your child, please make sure we have legal documents to prevent them from doing so, otherwise we can not stop a parent from picking up his or her child.

Name

Phone number

Relationship

Name

Phone number

Relationship

Please keep this form current. Inform the staff at drop off or over the phone if someone else will be picking up your child. If your child does not recognize the person picking up (such as: hi grandma!) then we will need identification and the password before the child can leave with them.

Password: _____

Signature (parent or guardian): _____ Date: _____