Child Matters Incorporated

**Additional Alternate Authorized Adult Pick Up Consent Form**

I give permission for:

 (Name of Child)

to be picked up from the Child Matters Incorporated Centre by:

(Name of Alternate Authorized Adult)

(Sample Signature of Alternate Authorized Adult)

Special Instructions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

*\*Note: photo identification and a sample signature must be provided by all alternate adults authorized to pick up a child from the Centre.*