



Child Pick-Up Authorization Form

Bartlesville Civic Ballet - Child Pick-Up Authorization Form

Student Name	
Parent/Guardian Name	
Parent/Guardian Contact Number	
Family Code (for check-out purposes)	

Approved Pick-Up Contacts:

Please list all individuals who are authorized to pick up your child. Ensure that you include their full names and contact information. Note that anyone picking up your child will need to provide identification.

1. Approved Contact #1:

- **Full Name:** _____
- **Relationship to Student:** _____
- **Contact Number:** _____

2. Approved Contact #2:

- **Full Name:** _____
- **Relationship to Student:** _____
- **Contact Number:** _____

3. Approved Contact #3:

- **Full Name:** _____
- **Relationship to Student:** _____
- **Contact Number:** _____

4. Approved Contact #4:

- **Full Name:** _____
- **Relationship to Student:** _____
- **Contact Number:** _____



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Emergency Contact Information:

Please provide contact information for someone we can reach in case of an emergency if the primary parent/guardian cannot be reached.

- **Emergency Contact Name:** _____
- **Relationship to Student:** _____
- **Contact Number:** _____
- **Alternate Contact Number:** _____

Parent/Guardian Authorization:

By signing below, I authorize the individuals listed above to pick up my child from Bartlesville Civic Ballet productions and rehearsals. I understand that any changes to this list must be submitted in writing to the Bartlesville Civic Ballet office.

Parent/Guardian Signature:

Date: _____