

**Mother's Day Out  
CHILD PICK-UP AUTHORIZATION**

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Please list the persons (other than parents/guardians) who will be authorized to pick up your child(ren) from our Mother's Day Out ministry. Under NO circumstances will the child(ren) be released to anyone other than those listed below without WRITTEN permission from parent.

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_

M.D.O. Director's Initials \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_