

Authorization to Pick Up Child

| I (name of parent/guardian) | | authorize the |
|--|---|---------------|
| following person(s) to pick up my child(ren) | | from |
| the Nurturing Nook on(date) | : | |
| Name: | | |
| Relationship to Child: | | |
| Address: | | |
| Phone: | | |
| Parent/Guardian Signature | | |
| Date | | |