

LEADERS OF TOMORROW

Authorized Pick-Up List

(Must be 18+ years old and Picture ID is required)

Child's Recent Photo:

Teacher/Teacher's Assistant: _____

Child's Name: _____ D.O.B: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Allergies/Food Restrictions: _____

Medications: _____ EPI Pen (Y/N): _____

Child's Doctor: _____ Phone #: _____

Doctor's Address: _____ City: _____ State: NJ Zip: _____

Mother's Picture:

Mother Contact Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Address: _____

Work Phone: _____ Email: _____

Father's Picture:

Father's Contact Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Address: _____

Work Phone: _____ Email: _____

Please turn over to authorize contacts for pick-up →

The following authorized persons can pick up my child on my behalf:

Authorized Contact's Picture	
Name:	
Home Phone:	
Cell Phone:	
Relationship:	

Authorized Contact's Picture	
Name:	
Home Phone:	
Cell Phone:	
Relationship:	

Authorized Contact's Picture	
Name:	
Home Phone:	
Cell Phone:	
Relationship:	

Authorized Contact's Picture	
Name:	
Home Phone:	
Cell Phone:	
Relationship:	

Authorized Contact's Picture	
Name:	
Home Phone:	
Cell Phone:	
Relationship:	

Authorized Contact's n Picture	
Name:	
Home Phone:	
Cell Phone:	
Relationship:	