

AUTHORIZATION TO PICK UP STUDENTS
COACH PICK-UP AUTHORIZATION FORM
2017-2018

ATHLETE: _____

OTHER THAN PARENTS THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD/CHILDREN FROM THE CHILDCARE/LATHCKEY PROGRAM. IF THERE ARE ANY CHANGES OR VARIATIONS TO THIS I WILL CONTACT YOU AND PUT IT IN WRITING.

NAME: _____ PHONE # _____

NAME: _____ PHONE # _____

NAME: _____ PHONE # _____

PARENT SIGNATURE: _____

DATE: _____