

TOTUS TUUS CHILD PICKUP AUTHORIZATION

Please fill in the form below to authorize pickup of your child(ren). The first name should be the name of the person who will REGULARLY pick up the child(ren) from the TOTUS TUUS program. The second and third names are people who MAY pick up the child(ren) in an unusual or emergency situation. They will be required to show a driver's license at the time.

Name(s) of your Child(ren):

Grade in September: _____

Father or Mother, guardian information

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____