

Alternate Pick-Up Authorization

(OAR 414-360-0230(1)(a))

Child's Name: _____

Authorized Person's Name: _____

Relationship to Child: _____

Phone Number: _____

Additional Contact Information: _____

Authorization:

I authorize the above-named person to pick up my child from Chickadee Ridge Early Learning Center. I understand this person will be asked to provide photo identification. This permission remains in effect until I revoke it in writing.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____