

Bloomfield Leisure Services Department
Pick-up Authorizations Form

Child's Name _____

Emergency contact name/number:

Name: _____ Number: _____

The following individuals are approved to pick up my child :(include all potential pickup people including siblings) ***PHONE NUMBERS MUST BE VALID AND CURRENT.***

Name _____ Phone _____

Relationship: _____

Name _____ Phone _____

Relationship: _____

Name _____ Phone _____

Relationship: _____

Name _____ Phone _____

Relationship: _____

Name _____ Phone _____

Relationship: _____

Name _____ Phone _____

Parent/Guardian Signature

Date

Only the people named above will be allowed to pick up your child, this includes grandparents and siblings. So be certain to list everyone who might be coming to pick up your child.

***NOTE: Proper I.D. may be required before release. Also, anyone not listed above MAY NOT pick up the child.**