



## AUTHORIZATION TO PICK UP A CLIENT FROM THERAPIES 4 KIDS

Name of Client \_\_\_\_\_

I hereby inform Therapies 4 Kids that the people listed below are authorized to pick up the above-named client at any time. Accordingly, Therapies 4 Kids is hereby instructed to release my son/daughter (client) into the care of the following people whenever they come to Therapies 4 Kids.

### AUTHORIZED PICK-UP PERSON:

Name:	Relationship to Client:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

***I, undersigned parent/guardian, understand that:***

- Parents/guardians must inform Therapies 4 Kids (call, leave a note at drop off) of the name of the person who is picking up their son/daughter (client) on any day when they themselves are not.*
- The "Authorized Pick-Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff.*
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.*

Name of parent/guardian (print) \_\_\_\_\_

Signature of legal parent/guardian \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Date \_\_\_\_\_