

Lenox Children's Center
AUTHORIZATION FOR STUDENT PICK UP

I give permission for my child _____ to be released to _____
on _____. (child's name) (person's name)
(Date)

_____ YES, This person is on my consent form in my child's file at Lenox Children's Center.

_____ NO, This person is NOT on my consent form in my child's file at Lenox Children's Center.

Parent's Signature _____ Phone Number _____