



BEFORE-SCHOOL PROGRAM

Transportation Authorization

I hereby authorize the following individuals to pick up _____
Child's Name
from Champions for Children due to illness or school closing following a school delay.

When there is a delay, followed by a school closing, the child(ren) must be picked up by 10:30 AM.

Parents/guardians do NOT have to be listed on this form.

(Please inform the following individuals **if the staff does not recognize them**, they will be requested to **show a photo identification for verification--for your child's utmost safety**).

1. Name: _____ Phone: _____

Relation to the Child: _____

2. Name: _____ Phone: _____

Relation to the Child: _____

3. Name: _____ Phone: _____

Relation to the Child: _____

The following person(s) **may NOT** pick up my child:

1. _____

Relation to the child: _____

2. _____

Relation to the child: _____

Parent/Guardian Signature

Date