



Authorization Form for Traveling Alone or Alternative pick-up

CHILD'S NAME:	Client #:	
CHILD'S ADDRESS:	BIRTH DATE:	
PARENT OR GUARDIAN GIVING CONSENT:		
ADDRESS: <input type="checkbox"/> Same as above OR:		
PHONE NUMBER:	ALTERNATE NUMBER:	
CUSTODY: Parents: <input type="checkbox"/> Joint: <input type="checkbox"/> Exclusive: <input type="checkbox"/> Special Arrangement:(Specify)		
PERSON OR AGENCY THAT WILL BE TRANSPORTING:		
ADDRESS:		
PHONE NUMBER :	RELATIONSHIP TO CLIENT:	
DROP-OFF/PICK-UP DETAILS:		
TIME OF DROP-OFF: _____	TIME OF PICK-UP: _____	LOCATION: _____
OTHER INFO:	SPECIAL ARRANGEMENTS (SPECIFY):	

I hereby authorize Grandview Children's Centre, through the staff of the Centre, to release my child into the care of _____ to travel to/from appointments with Grandview Children's Centre from _____ to _____ (dates).

Valid for the following programs/services with Grandview Children's Centre:

I hereby authorize Grandview Children's Centre, through the staff of the Centre, to release my child following Grandview appointments independently from _____ to _____ (dates).

Valid for the following programs/services with Grandview Children's Centre:

ALTERNATIVE EMERGENCY CONTACT PERSON:

Name: _____ Phone No.: _____

Relationship to child: _____

Signature of Witness

Client/Parent/Caregiver

Date

Relationship to Client