



VBS June 17-21, 2019
Pick Up Authorization Form



Date of Pick-Up: _____

Name of Child: _____

Name of Pick-Up Person: _____ **Cell Phone#:** _____

Relationship to child _____

I, _____, authorize the individual listed above to pick up my child, named above, after the completion of VBS on the date listed above.

Parent Signature: _____ **Cell Phone #:** _____

Date: _____

