UNIVERSITY OF CENTRAL FLORIDA

Youth Protection Program
Pick Up Authorization

Program/Activity Name _____

Personal Information (please print)

Child's Name:_____ DOB:_____

Parent/Guardian Names: _____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ Alternate Number: _____

Please select the appropriate authorization below:

I. Authorized Pick Up

Please list any individual who is authorized to pick up your child, <u>including yourself</u>. Each authorized person must be at least 16 years of age. **<u>The above-named child will not be permitted to leave the program/activity with anyone who is not listed below</u>**. Authorized individuals must pick up the child in person and may be requested to show identification to program/activity staff. Children will not be released to persons who fail to provide acceptable identification upon request.

☐ I authorize the following responsible persons to pick up my child from the program/activity (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child

Please note that children must be picked up by the designated times. If none of the authorized persons listed above are able to be reached, program/activity members will contact the local police department as a last resort to take your child home.

II. Unauthorized Pick Up – Please specify any individuals who are not authorized to pick up your child.

Unauthorized Person   Relationship to Child

_____   _____

_____   _____

_____   _____

III. Authorized Dismissal

☐ My child is at least 16 years of age and will be responsible for her/his own transportation to and from the program. My child may sign herself/himself out at the end of the program/activity.

Signature of Parent/Guardian: _____

Print Parent/Guardian Name*: _____

Date:_____

*Please note that only the enrolling parent/guardian will be permitted to complete this form.