



Little Panthers Child Care Center

Child Pickup Authorization

Date: _____ Child: _____ Gender: M F (circle one)

Date of Birth: _____ Address: _____

Phone: _____ City, ST Zip: _____

The following individuals have my permission to pick up my child from LPCCC...

Name: _____ Relationship: _____

Address: _____

City, ST Zip _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City, ST Zip _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City, ST Zip _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City, ST Zip _____ Phone: _____

Special Remarks or Concerns:

Under no circumstances will my child be released to anyone other than the individuals named above without prior written authorization.

Parent / Guardian Signature Printed Name Relationship Date

Parent / Guardian Signature Printed Name Relationship Date