

Lucas On Campus

830 Southlawn Drive, Iowa City, IA 52245

319-530-3969

PICK-UP AUTHORIZATION FORM

CHILD'S FULL NAME: _____

CHILD'S AGE: _____

I hereby give permission for my child to leave the center with the following persons identified below. It is my responsibility to notify the center in writing of any changes to this authorization.

Name	Phone no.	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a court order prohibiting contact with my child by any person?
___YES ___NO If 'Yes' please provide photocopy of order.

Name of prohibited person _____ Relationship _____

Is there any child custody order of which we need to be aware? _____

If so, please advise: _____

Name(s) of person(s) who may not pick up my child:

Signature(s) of Parent(s) or Guardian

Date