

Permission Slip for Child Pick Up

Permission Slip for Child Pick Up

Description

Child's Name: _____

Parent Name: _____

Parent Cell Phone: () - _____

The following person(s) other than myself, have permission to pick up my child:

| |
|----------------------------------|
| ----- ----- ----- ----- |
|----------------------------------|

Email: _____

Cell Phone: () - _____

Day Phone: () - _____

Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

The following person(s) other than myself, have permission to pick up my child at the Tipp City Park:

| |
|----------------------------------|
| ----- ----- ----- ----- |
|----------------------------------|

Permission Slip for Child Pick Up

Email: _____

Cell Phone: () - _____

Day Phone: () - _____

Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

The following person(s) other than myself, have permission to pick up my child at the Tipp City Park:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Email: _____

Cell Phone: () - _____

Day Phone: () - _____

Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____