

KIDZ IN MOTION

Authorization to pick up and drop off

The following person may pick up and drop off

(Child's name) SEPARATE FORM FOR EACH CHILD

Name _____

Relationship to child** _____

Signature _____

Telephone Number _____

****Authorization is limited to parents and grandparents ONLY for the safety of all of the program's participants. Authorized adult may be asked to present a photo ID before an Associate will release a child.**

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