



AUTHORIZATION FOR ALTERNATE PICK UP

This is to notify Rainbow Station that there are alternate pick up arrangements for my child(ren), according to the information below.

Child(ren)'s Name(s): _____

Full Name of Person Picking Up: _____

Date(s) for Alternate Pick Up: _____

Parent Signature: _____ Date: _____

I am aware that the above named individual(s) will have to supply photo identification if he/she is not recognizable to the faculty/staff member releasing my child.