



AUTHORIZATION FOR VISITATION & PICK UP AT HUTCH KIDS

Child's Name:

The following people are authorized to pick up and/or visit my child while at Hutch Kids. Please use an asterisk (*) to identify primary person responsible for picking up children in case of emergency where parents or guardians are unable to do so.

Parent Signature:

Date:

Parent Signature:

Date:

Please completely fill in ALL boxes.

Name:

Relationship to Child:

Street:

City:

Zip Code:

Phone Number (Circle One) Cell/Work/Home:

Authorized to **PICK UP** my Child(ren) _____

Authorized to **VISIT** my Child(ren) _____

Name:

Relationship to Child:

Street:

City:

Zip Code:

Phone Number (Circle One) Cell/Work/Home:

Authorized to **PICK UP** my Child(ren) _____

Authorized to **VISIT** my Child(ren) _____



AUTHORIZATION FOR VISITATION & PICK UP AT HUTCH KIDS

Name:	Relationship to Child:
-------	------------------------

Street:	City:	Zip Code:
---------	-------	-----------

Phone Number (Circle One) Cell/Work/Home:

Authorized to **PICK UP** my Child(ren) _____

Authorized to **VISIT** my Child(ren) _____

Name:	Relationship to Child:
-------	------------------------

Street:	City:	Zip Code:
---------	-------	-----------

Phone Number (Circle One) Cell/Work/Home:

Authorized to **PICK UP** my Child(ren) _____

Authorized to **VISIT** my Child(ren) _____

Name:	Relationship to Child:
-------	------------------------

Street:	City:	Zip Code:
---------	-------	-----------

Phone Number (Circle One) Cell/Work/Home:

Authorized to **PICK UP** my Child(ren) _____

Authorized to **VISIT** my Child(ren) _____

