

Child Pick-up Authorization

Child's name #1: _____

Child's name #2: _____

Child's name #3: _____

Additional persons who may pick up my child from VBS at Viking Alliance Church:

Name: _____

Relationship to child/children: _____

Phone number: _____

Name: _____

Relationship to child/children: _____

Phone number: _____

Name: _____

Relationship to child/children: _____

Phone number: _____

Any person(s) not authorized to pick up my child(ren):

No child/children will be released to anyone other than those written above without prior written permission from the parent.

Parent signature: _____ Date: _____

