



Name of class: []
Instructor Name: []
Dates: [], Times: []
College of the Rockies, Campus:[]

Authorized Pick-up Form

Please note instructor will be requiring ID for child pick-up.

Your name:

Child's name:

Date:

Please sign if this participant is allowed to leave independently at the end of the session: _____

Name	Phone # / Email	Relationship to child	Emergency contact (yes/no)

Please let us know if your child requires any accommodations (allergies, toileting, etc.):
