



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

## Pick-up Authority Form

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

**Your name:**

**Child's name:**

**Date:**

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

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