



Pick - Up/Visitation Denial Authorization Form

In the event that I am unable to pick up my child, he/child may be released to the following person(s):

Names:

Contact Numbers:

Home: _____

Work: _____

Cell: _____

Home: _____

Work: _____

Cell: _____

Home: _____

Work: _____

Cell: _____

The following individuals are not allowed access to see my child under any circumstances.

This form is not valid unless supported by proper legal documentation.

No one, with the exception of parents and emergency contacts, will be allowed access to a child at any time.

This form is only to be used in conjunction with legal documents.

Name:

Relationship to Child:

Parent/Guardian Signature/Date

Parent/Guardian Signature /Date