

# DOCUMENTATION OF AUTHORIZED CAREGIVERS

I authorize the following persons to pick up my child, \_\_\_\_\_,  
from Valley Preschool and to care for my child:

Full Name(s)

Phone #

Relationship

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Please Note: Emergency Contacts from the *Student Emergency Information* form must be listed here.

May staff members accept verbal or telephone authorization from you for someone other than the persons named on this list to pick up your child or provide child care?

Yes \_\_\_\_\_ No \_\_\_\_\_

The following persons are not authorized to take my child from the center:

Full Name(s)

Relationship

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