



TOWN OF COVENTRY DEPARTMENT OF PARKS & RECREATION
AUTHORIZATION FOR CHILD PICK-UP FORM

Please list any adult (18 years +) who you allow to pick your child up from the program site. All parents/guardians **MUST** also be listed here. Any and all individuals picking up children from this program will be asked for identification.

****The information on this form is to be used only after every effort is made to contact the parent or guardian and only in case of emergency. Please provide both parents' or guardians' names, addresses and cell phones.****

Child's Name: _____ **Date of Birth:** _____

I hereby authorize the following individuals to pick my child from the Coventry Parks & Recreation Program Site:

Name:	Relationship to Child:	Phone:

In the space below, please indicate any special instructions, or arrangements our staff should be aware of:

X _____
Parent Signature

Date

Printed Name