



LAUNCH Program Pick-up Authorization

LAUNCH Participant Name (First Last): _____

Your child will only be released to individuals included on this list unless previous arrangements have been made and written authorization is given by parent/guardian.

The following people are authorized to pick up my child:

Name (First Last): _____

Phone: _____

Email: _____

Relationship to Child: _____

Name (First Last): _____

Phone: _____

Email: _____

Relationship to Child: _____

Name (First Last): _____

Phone: _____

Email: _____

Relationship to Child: _____

Name (First Last): _____

Phone: _____

Email: _____

Relationship to Child: _____