

**SFLC AUTHORIZATION FOR RELEASE/PICK-UP  
of Child**

I give authorization for \_\_\_\_\_ to pick-up  
name

my child \_\_\_\_\_ on \_\_\_\_\_.  
name date

I understand it may be necessary for this person to show identification.

Name \_\_\_\_\_  
please print

Signature \_\_\_\_\_  
(must be signed and brought into the SFLC office)