

**AUTHORIZATION FORM**  
**TO PICK UP A CHILD FROM HOLY FAMILY DULAC YOUTH FORMATION**

Name of Child(ren): \_\_\_\_\_

*I hereby inform [Insert Parish Name] that the people listed below are authorized to pick up the above named child(ren) at anytime.*

**AUTHORIZED PICK-UP PERSON:**

*Please list the person's name, relationship to the child, and phone number below:*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*I understand that:*

- *Parents/guardians must inform [Insert Parish Name or Individual's Name] of the name of the person who is picking up their child on any day when they themselves are not. Please do so by calling or leaving a note at drop-off.*
- *The "Authorized Pick-Up Person" may be asked to provide a photo ID to the staff.*
- *The "Authorized Pick-Up Person" is required to complete the Houma-Thibodaux Safe Environment training certificate.*
- *This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.*

*All these procedures are put into place to ensure the safety of the child(ren). We appreciate your cooperation in this matter.*

*Authorized by:*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*