

# Parental (Guardian) Authorization Form

Provider Name: \_\_\_\_\_ Provider ID \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's S.S. # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's S.S. # \_\_\_\_\_

Authorization is given to release the child(ren) listed on this page to the following named individuals:

Name	Home Phone	Work Phone	Relationship

The above listed individuals are also authorized to:

Sign-in and sign-out on the Early Learning Coalition of Miami-Dade and Monroe's Parental Signature Sheet & Attendance Verification Form for my child (ren).

To transport my child (ren) to and from home/school to my child care provider.

I am aware that all individuals granted permission to drop off or pick up my child (ren) must be at least 18 years of age.

\_\_\_\_\_  
(Signature of Parent/Guardian)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Telephone # of Parent/Guardian)

\_\_\_\_\_  
(Signature of Provider)

Date: \_\_\_\_\_