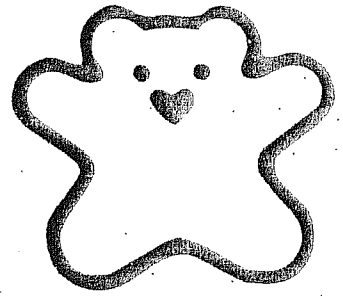


Scottish Rite

THE UNIVERSITY OF ARIZONA®
Child Language Center



Drop-off and Pick-up Information

Child's Name _____ Age _____

Parent's Names _____

The following persons are authorized to pick up my child from school or summer camp (photo identification will be required):

Name	Relationship to child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Routinely, I plan to drop my child off at _____ and pick my child up at _____
Time Time

Parent or Guardian Signature Date