

CROSSING



BORDERS

BRINGING THE WORLD TO YOU

Child Pickup Form

Child's Name	DOB	Age	Sex
--------------	-----	-----	-----

Child's Name	DOB	Age	Sex
--------------	-----	-----	-----

A. The following people **HAVE** permission to pick-up the child/children named above from Crossing Borders. Parents are responsible for notifying Crossing Borders in writing of any changes.

1. Name: _____ Relation: _____
Address: _____ Phone: _____
CODE WORD: _____

2. Name: _____ Relation: _____
Address: _____ Phone: _____
CODE WORD: _____

B. The following people **MAY NOT** pick-up the child/children named above from Crossing Borders.

1. Name: _____ Relation: _____
Address: _____ Phone: _____

2. Name: _____ Relation: _____
Address: _____ Phone: _____

Note: Any person unfamiliar to the Crossing Borders staff will be required to show proof of identification and state the code word. **Under NO circumstances** will the child be released to anyone other than those listed above without **WRITEN permission** from the parent.

This form is legally binding. By signing it, you agree that all of the information provided herein is correct. False information will result in termination of contract.

Father/Guardian's Signature	Date
-----------------------------	------

Mother/Guardian's Signature	Date
-----------------------------	------

Crossing Borders	Date
------------------	------