

Educator's name \_\_\_\_\_

Child(ren) name \_\_\_\_\_

Date \_\_\_\_\_

I give permission for \_\_\_\_\_ to pick up my child(ren).

**Note:** Picture identification will be required before the child(ren) will be released.

\_\_\_\_\_  
Parent/Guardian – signature

\_\_\_\_\_  
Educator - signature

**Collection and use of personal information**

Personal information is being collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used to ensure the necessary authorizations are obtained prior to releasing a child into the care of someone other than those identified by the parent/guardian on the Child Information - Sheet. If you have any questions about the collection, use or disclosure of your personal information, contact the Supervisor of Family Day Homes at 780-464-4044.