



South Milwaukee Recreation Department

Additional Authorization for Pick Up

Child's Name: _____

Authorized Person for Pick Up: _____

Additional Phone Numbers (if needed): _____

Relation to Child: _____

If Authorized Person is under 18 (parent please sign here): _____

Parent Signature: _____

This authorization is (circle one) permanent or one time

Please return to the Connects Before and After Care Site Director at your school!