



**SPEECH-LANGUAGE-HEARING CLINIC
DROP OFF-PICK UP INSTRUCTIONS**

Child's name: _____

Student Clinician: _____

This form is designed to protect your child's safety. No individual will be allowed to pick your child up from this clinic unless they are listed below. If an unauthorized person arrives to pick up your child, your child will not be permitted to leave with this person. Individuals who pick up children from the clinic may be asked to show picture identification (e.g., driver's license).

The following individuals are authorized to pick up my child from clinic:

- 1.
- 2.
- 3.
- 4.

Please notify us immediately if any of the authorized individuals change.

Parent/Guardian Contact Numbers:

(H) _____ (W) _____ (C) _____

Emergency Contact's Name: _____ Phone Number: _____

Parent/Guardian Signature

Date

Supervisor Signature

Date

Forms VI: Pick up Drop off form 09

