

**MOBILE BOTANICAL GARDENS**  
**NatureBLAST!**

Pick Up Authorization Form  
(Two sides)

Written notification by parents or guardian **MUST** be given for pick-up by someone other than the persons listed below. Please let us know in advance if there are any issues regarding pick-up/drop-off of which we should be aware (custody disputes, etc). Contact the **NatureBLAST!** Director with confidential information or to make last minute pickup changes (Judy Stout, 205-401-0811).

**I hereby authorize the following individuals to pick up my child:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Days Picking Up: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Days Picking Up: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Days Picking Up: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Days Picking Up: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_