

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: _____