

Children's Developmental Center of Lima, Inc.
1001 Bellefontaine Ave.
Lima, Ohio 45801

Pick up and Drop off Authorization

School Year: _____

In the event that my child _____ needs to be picked up or
(Child Name)

dropped off at school by someone other than myself. The following
person(s) have my permission.

1. _____
2. _____
3. _____
4. _____
5. _____

I understand they will be required to show Photo ID to insure your child's
safety.

Parents Signature or Guardian

Date