

Children's Developmental Center of Lima
1001 Bellefontaine Avenue
Lima, Ohio 45801

Pick Up and Drop Off Authorization

School Year: _____

In the event that my child _____ needs to be picked up or dropped off at school by someone other than their parent/guardian. The following person(s) have my permission.

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

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

Parent or Guardian Signature

Date