

Wee Care at Labor
State Campus Building #12
Albany, NY
12240

AUTHORIZED ESCORT FORM

Please list the name of individuals who are authorized to pick up your child. If anyone else will be picking up your child it is imperative that you notify the Center's Director or Assistant Director.

Any child who will be picked up by these individuals will need to bring proof of identification upon arrival.

My child, _____ may be release to the individuals listed:

NAME

RELATIONSHIP TO CHILD

Parent's Signature_____

Date_____