Please list up to four individuals who are authorized to drop-off and pick-up your child or children from the IUAPA program. (Please note if they are behaviorists or therapists.)

Please note that we cannot release children to individuals not on file.

Child’s Name:______________________________________________________________

1. Name:__________________________________ Phone:__________________________
   Relationship to child:_____________________________________________________

2. Name:__________________________________ Phone:__________________________
   Relationship to child:_____________________________________________________

3. Name:__________________________________ Phone:__________________________
   Relationship to child:_____________________________________________________

4. Name:__________________________________ Phone:__________________________
   Relationship to child:_____________________________________________________