LOWCOUNTRY
THERAPY CENTER

Authorization for Pick-Up and Session Disclosure Form

Child's Name: _______________________________ Child's Date of Birth: _______________________________

Please list below all individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency and the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

Parents/Guardians
Mother's Name: ______________________ Home Phone:(__)____________Cell Phone: (__)_____________
Father's Name: ______________________ Home Phone:(__)____________ Cell Phone: (__)______________

Other People Authorized to Pick Up Your Child
Name: ____ Relationship: _______________________________
Address: ____ Phone: (___)__________________________
This person is authorized to discuss session outcomes with the clinician: ❑ yes ❑ no

Name: ____ Relationship: _________________________________
Address: ____ Phone: (___)_____________________________
This person is authorized to discuss session outcomes with the clinician: ❑ yes ❑ no

Name: ____ Relationship: _________________________________
Address: ____ Phone: (___)_____________________________
This person is authorized to discuss session outcomes with the clinician: ❑ yes ❑ no

Name: ____ Relationship: _________________________________
Address: ____ Phone: (___)_____________________________
This person is authorized to discuss session outcomes with the clinician: ❑ yes ❑ no

Name: ____ Relationship: _________________________________
Address: ____ Phone: (___)_____________________________
This person is authorized to discuss session outcomes with the clinician: ❑ yes ❑ no

I do hereby authorize the Lowcountry Therapy Center to release my child to the above listed people in the event I am unable to pick him/her up myself. I release the Lowcountry Therapy center from any and all responsibility for problems that may develop when such persons take my child from the premises.

____ _________________________
Signature of Parent/Legal Guardian Date