



AUTHORIZATION FOR ADULT PICK UP (Other than Primary Caregiver)

My parent (relative), _____ may be released to the following persons:

(Friend/ Relative/ Guardian)

(1) _____
Name Relationship Home Phone Work/Cell Phone

(2) _____
Name Relationship Home Phone Work/Cell Phone

(Other persons Permitted to Pick Up)

(3) _____
Name Relationship Home Phone Work/Cell Phone

(4) _____
Name Relationship Home Phone Work/Cell Phone

(5) _____
Name Relationship Home Phone Work/Cell Phone

*(We will **NOT** allow your relative to leave our facility with anyone who is not listed above. You must notify Successful Living Center-Adult Day Care Center when someone other than the usual person will pick up your relative. This person will be asked to show a current driver's license or photo ID for identification)*

Caregiver

Date