Client # _____   Client Initials _____ ·

Permission for Non-Parent/Non-Guardian to Pick Up SIUC Clinical Center Client

I, _____, give permission for _____
            (Parent/Guardian)   (Person Picking Up Client)

to pick up _____ on _____ or [   ] anytime that
                    (Client)   (Date/s)   (Please check if applicable)

client is seen at the SIUC Clinical Center. I understand that I can revoke this permission at any time by informing the SIUC Clinical Center and upon that revocation date, the client will no longer be released to this person.

Do we have your permission to call this person if you are late picking up your child?

[   ] Yes   Phone # _____
[   ] No

_____   _____
(Signature of Parent/Guardian)   (Date)

_____   _____
(Signature of Witness)   (Date)

The person picking up the client must have a picture ID in order or the SIUC Clinical Center to release the client to them.

Original put in permanent file
Copy kept in working file

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