Michigan State University Youth Programs
Pick-up, Drop-off, and Commuter Permission Form

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant’s emergency contact for the following instances:

- The participant’s parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant’s parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant’s parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program’s drop-off process
- The participant’s parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program’s pick-up process
- The participant’s parents/guardians authorize the participant to commute independently to and from the specified youth program

Participant’s Name: ______________________________
Program Name: ______________________________

Permission for Early/Alternative Release

I, ______________________________, parent/guardian of ______________________________, grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Participant</th>
<th>Phone Number</th>
<th>Date/Time of Release</th>
<th>Date/Time of Return</th>
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Permission for Youth Participant to Commute Independently

I, ______________________________, parent/guardian of ______________________________, permit the youth program participant to commute independently to and from the specified youth program.

Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: ______________________________

Date of Signature: ______________________________

Parent/Guardian Work Phone: ______________________________

Parent/Guardian Cell Phone: ______________________________

Parent/Guardian E-mail: ______________________________