

*ELK GROVE TOWNSHIP
YOUTH SERVICES*



Youth Services of Elk Grove Township
Pick up Permission Form

I, _____ (PARENT'S NAME)
as a legal guardian, consent and grant permission for the following people to transport my
child, _____ (YOUR CHILD'S NAME)

Name

Relationship

(Your Name)

I understand this permission is valid through January 1, 2025, and that if any of the above information changes it is my responsibility to alert Elk Grove Township Youth Services and resubmit this form.

I also understand that I can revoke this permission throughout the Program by informing the Youth Services Staff.

Parent or Guardian's Signature _____ Date _____