

**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: Saturday Morning Art

**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.

First Name	Last Name	Relationship to Participant	Phone Number	Date/Time of Release	Date/Time of Return

**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: \_\_\_\_\_