



8200 Georgia Street
Merrillville, IN 46410

Phone: (219) 791-1400
Fax: (219) 791-1422

ABA Clinic Pick-up Form

Child: _____

People authorized for pick-up:

Relationship:

Name: _____ / _____ Phone: _____

Name: _____ / _____ Phone: _____

Name: _____ / _____ Phone: _____

Name: _____ / _____ Phone: _____

Name: _____ / _____ Phone: _____

I, _____, parent/guardian grant permission to Innovations In Learning to allow my child to be picked-up from Innovations by those persons I have listed above and assume all responsibility for the release of my child/children to the named person(s).

Parent/Guardian signature

Date

Please notify us of any person(s) that are **not** allowed to have contact with your child/children.

Name: _____ / _____ (relationship)

Name: _____ / _____ (relationship)