



Adolescent Sign Out Consent

Client Name: _____ Date: _____

_____(Initial) I hereby grant _____ permission to sign him/herself out after sessions and depart TrueNorth Wellness Services "Amazing Kids Club" premises with a designated driver that may or may not be on the clients pick up list. A copy/photo of the drivers ID will be taken to ensure appropriate identification for future reference.

_____(Initial) I understand that TrueNorth Wellness Services "Amazing Kids Club" will not be held liable for any situation that may occur once the client has departed the premises.

_____(Initial) I do not grant _____ permission to depart TrueNorth Wellness Service "Amazing Kids Club" premises with anyone who is not on the client's pick up list after he/she signs themselves out from session. Client will only be dismissed to an authorized driver on the provided pick-up list and who has possession of the pick-up pass provided by AKC.

Parent/Guardian Name: *(Print)* _____

Parent/Guardian Signature:

inspiring hope & healthy living

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