

TCBT

Tri-Cities Behavioral Therapy, LLC

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**Permission to Pick Up My Child**

I do not give anyone other than myself/spouse permission to pick up my child from Tri-Cities Behavioral Therapy (TCBT) ABA therapy.

Please list below anybody who has permission to pick up your child from Tri-Cities Behavioral Therapy (TCBT) ABA therapy sessions. The Staff of TCBT will ask for identification when someone other than the parent/caregiver arrives at the clinic to pick up your child.

Person’s Name: Phone: Relationship:

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Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5-6-19