



**CAROLINA TANAUAN INTERVENTION CENTER INC.,**  
130 F. Oñate St., 2 Tanauan City  
043-784-24-08

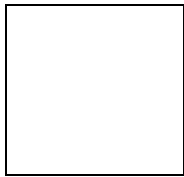
FORM  
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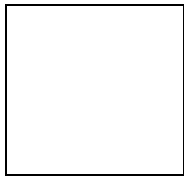
**PICK UP FORM**

NAME OF CHILD/REN: \_\_\_\_\_

Name & Picture of Persons authorized to fetch the child aside from parents:



1. \_\_\_\_\_



2. \_\_\_\_\_

**AUTHORIZED BY:**

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

Mother's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Father's name: \_\_\_\_\_

Signature: \_\_\_\_\_

In the absence of parents, Authorized Guardian

1. \_\_\_\_\_

