

ANNUNCIATION AFTER SCHOOL CARE PROGRAM 2017-2018

AUTHORIZATION FOR PICK-UP AND EMERGENCY MEDICAL INFORMATION

Dear Parents/Guardians,

For the safety of your children, we need to know in writing who is authorized to pick-up your children.

The After School Care staff will not release your child to anyone not listed on this form. Any authorized persons coming to pick your child up must understand they are required to park, sign your child out and show ID if asked to. Please do not send someone your child does not know, recognize or is not listed on this authorization for pick-up.

Please keep the authorization list current of phone number changes and people. Forms are available at all times from the After School Care Staff, in the office and online.

Please Print All Information

Child's Name: _____ Gr. _____ Name: _____ Gr. _____

Child's Name: _____ Gr. _____ Name: _____ Gr. _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Persons Authorized to Pick-Up

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

*EMERGENCY MEDICAL INFORMATION

Child's Name _____ Allergies _____

Other medical conditions _____

Child's Name _____ Allergies _____

Other medical conditions _____

Child's Name _____ Allergies _____

Other medical conditions _____