



AFTER CARE PROGRAM AUTHORIZATION AND CONSENT FORM

School Year 2019-2020

Child's Last Name _____ First Name _____

Authorization to Release Child

Unless otherwise authorized by you in writing, no one except you may pick up your child from the After Care Program.

List below the names of any persons you authorize your child to be released to: (Please print.)

If you ever want your child to be released to an individual whose name is not listed on this form, you must notify us in writing at least 24 hours in advance. The notice should include the name of the individual, his/her relationship to the child, and your signature.

Authorization Contacts for Emergency Care

List below the names of persons who should be contacted in the case of an emergency, or if your child must be removed from the After Care Program and parents cannot be reached.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Care Consent

Physician _____ Phone _____

I hereby give permission to the medical personnel selected by the After Care Program Staff to order x-rays, routine tests and/or treatment for my child in the event that I cannot be reached in an emergency. I also hereby give permission to the physician in an emergency to hospitalize, secure proper treatment and/or order injection/anesthesia and or surgery for my child if I cannot be reached.

I have read and will agree to the above authorization and consent statements.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name printed _____