

Arcata Christian School
Pick-Up Authorization

Student Name(s): _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Who may pick up your child? Please list **ALL** people who are authorized to pick up your child including yourself. Your student **WILL NOT** be released to anyone not on this list without prior authorization.

Name	Relationship to child	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

In case of emergency please contact:

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Doctor: _____

Dentist: _____

Does your child have any allergies? _____

Parent/Guardian Signature

Date