

Date ____/____/____



PICK UP AND RELEASE FORM COMMUNITY CHRISTIAN ACADEMY

School Year _____

*Student Name (Last, First Middle) _____

Grade _____

*Physician Name _____

*Physician Phone _____

*Father/Legal Guardian Name (Last, First) _____

*Mother/Legal Guardian Name (Last, First) _____

Authorized Pick-Up – [other than parent] Adult to contact if parent cannot be reached.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The school has my permission to call the above-named physician in case of an emergency when I as a parent cannot be reached. I give permission for my child to take part in all activities of Community Christian Academy.

*Parent Signature _____

*Date _____

Authorized Pick-Up – [other than parent] Adult to contact if parent cannot be reached.