



## Authorization to Pick-Up and Emergency Information Form

Name of Child: \_\_\_\_\_ Grade & Class: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

*This form must be returned before the start of school or we will not be able to release your child. Once school begins changes take 24 hours.*

### **Individuals Authorized to Pick-Up My Child and to Whom the School May Release My Child in case of Emergency: (Picture ID may be required.)**

Name	Relationship	Cell Phone #	Home Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **AUTHORIZATION OF CONSENT FOR EMERGENCY TREATMENT OF MINOR**

I, the parent/guardian of above-named child, a minor, authorize the **Yu Ming Charter School** to act as my agent in my absence to obtain through the physician named above such medical or hospital care as is reasonably necessary for the welfare of the student, including necessary transportation, if he/she is injured in the course of school activities. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon. I agree to bear all costs incurred as a result of the foregoing.

Parent/Guardian Signature: \_\_\_\_\_