Christ the King School AWP 2025/2026 **Permission to Pick Up/Emergency Form**

Name of Student	Date of Birth	Grade (2024/2025 school year)	Age

Parent/Guardian Information

Mother's Name: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship to Student_____

Cell Phone: _____ Work Phone: _____

Other Authorized Pick Up (may pick up in place of parent/guardian without a note)

Name	Relationship to Student	Phone number

Student's Physician: _____ Preferred Hospital: _____

Address: _____ Phone: _____

Allergies/Medical Conditions:

I hereby authorize emergency care for my child(ren)_____while attending CTK's AWP program, if in the judgement of the staff, treatment is required for illness or injury. I hereby authorize the administering of anesthetics and recourse to other treatments deemed necessary by the attending physician.

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

Parent Signature_____ **Date** _____