

Christ the King School AWP – Assistance to Working Parents  
 Permission to Pick Up Form / Emergency Form

Name of Student	Date of Birth	Grade	Age

**Parents and / or Guardian Information**

Mother's Name: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Authorized Pick Up – Family or Friends who can pick up in place of Parent/  
 Guardian (without a note)**

Name	Relationship to Student	Phone Number	Driver's Lic. #

Student's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Choice of Hospital: \_\_\_\_\_

Allergies or medical conditions / Name of Students –

I hereby authorize emergency medical care for my child, \_\_\_\_\_, during attendance at Christ the King's AWP Program if, in the judgment of the staff, treatment is required for an injury or illness. I hereby authorize the administering of anesthetics and recourse to other procedures 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 or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

