



## Emergency Contacts and/or authorized pick-ups

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Emergency Contact:    Yes    No    Authorized to Pick-up:    Yes    No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Emergency Contact:    Yes    No    Authorized to Pick-up:    Yes    No

Name of Student Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent statement of agreement

- I understand that I am not to leave my child at the ACES site unless there is a ACES staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Only adults (over 18 years old ) can be authorized to pick up the child.
- Authorization: In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper medical services. I hereby release Austin Chinese Education Services and its staff and aides from all action that may arise from such medical services.

X \_\_\_\_\_  
Signature of Parents/Guardian

\_\_\_\_\_  
Date