

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