



**Pick-up Authorization Form**

FAMILY NAME: \_\_\_\_\_ REGISTRATION PAID: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD(REN):**

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

**IMPORTANT INFORMATION (Allergies, medications, health conditions, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT(S) IF SOMETHING HAPPENS WHILE YOUR CHILD IS AT GA:**

**First Choice:**

**Second Choice:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

*I have read the St. Ambrose Handbook and understand that the Guardian Angels Program Follows the same policies.*

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

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Signature: \_\_\_\_\_



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Name of Minor Child(ren)

Grades & Homerooms

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Address

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Parent/Guardian Signature

Date

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Address

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Email Address

### Photo Release and Video Authorization

**Yes**  **No** I(We) do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs and videos taken of my (our) daughter/son during her/his enrollment at St. Ambrose School by an employee, agent or representative of St. Ambrose School or independent contractor. *Please indicate yes or no as to whether your child has your permission to participate.*

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, prints and videos shall constitute the property of St. Ambrose School and may be used by St. Ambrose School for any purpose determined at its discretion, without further notice or any compensation to me or to my daughter/son.

### Activity Authorization

**Yes**  **No** During Guardian Angels, we will do some physical activities including, but not limited to, sit-ups, push-ups, squats, dancing, high-jumps, jumping jacks, knee bends and playing on the playground. We suggest that your child brings a change of clothes as not to get his/her school uniform all sweaty/dirty. Participation is not mandatory, but this is a way to help achieve our goal of strengthening the body as we try to grow the child's mind, body and spirit. *Please indicate yes or no as to whether your child has your permission to participate in these activities.*

### Movie Authorization

**Yes**  **No** During Guardian Angels, we will watch Disney PG rated movies. *Please indicate yes or no as to whether your child has permission to participate.*



**St. Ambrose School Guardian Angels Program  
EMERGENCY MEDICAL AUTHORIZATION FORM**

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Homeroom:** \_\_\_\_\_

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

*Purpose -- to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

**Residential Parent or Guardian:**

<b>Mother's Full Name</b>	Daytime Phone Number
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Home Phone Number	Cell Phone Number
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<b>Father's Full Name</b>	Daytime Phone Number
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Home Phone Number	Cell Phone Number
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**Name of Relative or Childcare Provider**

<b>Full Name</b>	Relationship
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Address	Daytime Phone Number
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