



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