

General Permission Slip

HCPA requires all parents/guardians to complete the permission slip form to allow your child to be picked up by someone other than parents. In order to ensure the safety of your child, we will only release your child to their parents or the designated person(s) listed below:

Student Name: _____ Grade: _____ Date of Birth: _____ ID#: _____
 Student Name: _____ Grade: _____ Date of Birth: _____ ID#: _____
 Student Name: _____ Grade: _____ Date of Birth: _____ ID#: _____
 Student Name: _____ Grade: _____ Date of Birth: _____ ID#: _____
 Student Name: _____ Grade: _____ Date of Birth: _____ ID#: _____

Mother/Guardian: _____ Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Email: _____

Father/Guardian: _____ Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Email: _____

CHILD PICK UP/ EMERGENCY INFORMATION CONTACT RECORD

Please note: The adult that picks up your child MUST show a PHOTO ID or they will NOT be permitted to pick up your child. Name of a person to call in emergency other than a person the student lives with:

	<u>Adults Full Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I give permission for the above person(s) to pick up my child from HCPA in case of an emergency or in my absence. In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the individuals listed above and follow his/her instructions. If no one can be reached, the school may arrange for care as needed. If I decide to change or add additional person(s), it will be my responsibility to notify the school in writing five school days prior to changes take effect.

Parent Signature: _____ **Date:** _____

1. Do you give permission for your child to attend and be transported, by licensed bonded services, to all field trips and school wide events during the school year and to participate in walking field trips around the school, neighborhood and local neighborhood parks? **(Circle one) Yes No**
2. I understand if I do not want my student's photos or names included in HCPA publications I may request, sign and submit the "opt out" form from the main office annually by October 15.

Parent Signature: _____ **Date:** _____

HCPA STUDENT HANDBOOK

I understand I may refer to the handbook and can view it at any time on the school's website at hcpak12.org.

Parent Signature: _____ **Date:** _____

All that a school should be.