

**Kerr Legacy Christian Academy
Authorization**

Child's Name: _____ Today's Date: _____

At KLCA we take responsibility for your child's safety and welfare seriously. We ask you as parents/guardians to fill out this authorization sheet for our files. It is our intent to cooperate with you to serve your child's best interest at all times.

Please list the name of those adults who have your permission to pick up your child from our premises. Please ensure that if a person is picking up your child for the first time, they must have proper identification on their person or they will not be able to leave the facility with your child.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Your child will be released only to a parent/guardian or person named above or in WRITING – no phone authorization will be accepted.

If there is someone in particular that absolutely may not under any circumstance pick up your child, please give the information we need to identify the person(s) below (name, description, vehicle, etc.). If the person is another legal parent, we must have court documents on file.

Signature of Parent/Guardian: _____ Date: _____

In Case of Emergency

Numbers where you can be reached in the daytime: _____

If staff cannot reach you, please call (names and number of at least 3 -4 local people).

1. _____ 2. _____

3. _____ 4. _____

In case we cannot reach you or those listed above, do you give us permission to take action to seek appropriate assistance for your child in the case of an emergency? () Yes
() No

Doctor's Name: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

