

EMERGENCY PICK-UP

I hereby designate the following individual(s) to pick up my child/children in the event of a **STATE OF EMERGENCY** that may make it necessary for Home Away From Home Academy to implement its Emergency Plan.

Child's Name _____

Classroom/Teacher's Name _____

Name of Authorized Individual/s _____

Relationship to Child _____

Address _____
(street) (city) (state)

(Approximate distance from our school) _____

Telephone # & Cell # _____

Parent's Signature _____