



Pick-Up Permission Slip

I, _____ (the natural parent or legal guardian) hereby give my permission and consent that my child, _____, to be picked up from _____ to Bel-Red Bilingual Academy by BRBA school personnel. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital. I, the undersigned parents/guardians of the individual names above, a minor, understand the transportation accidents. I hereby assume those risks. I understand that Bel-Red Bilingual Academy does not provide health and/or accident insurance program. I understand that by signing this agreement, I do release the director, instructors, staff and drivers, Bel-Red Bilingual Academy, the school owner and staff from any liability due to injury suffered during the school year.

Father's Name _____ Day Phone: _____ Cell Phone _____

Mother's Name _____ Day Phone: _____ Cell Phone _____

Emergency Person: _____ Phone _____

Name and phone number of your child's physician

Insurance: _____ Policy # _____

Signature:

Date