



LARGO COMMUNITY MINISTRIES
AFTER SCHOOL PROGRAM

Child Pick-Up Authorization

Child(ren) Name(s):

Parent/Guardian Name(s):

Cell #: _____ Work#: _____ Home#: _____

Authorized Pick Up

Please list the persons authorized to pick up your child(ren), including yourself. Each authorized person must be at least 18 years old. The aforementioned child will not be allowed to leave the program with anyone not listed below. Authorized persons may receive the child(ren) in person and may be required to show identification to LCM ASP staff. Child(ren) will not be handed over to persons who do not present acceptable ID upon request.

I authorize the following responsible persons to remove my child(ren) from the program.

<u>Authorized Person</u>	<u>Phone Number</u>	<u>Relationship to Child(ren)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**Parental/ Guardian Consent and Waiver of Liability
Written Consent Is Given For:**

Students Name: _____

(Please Check All Items for which you give Consent)

- EMERGENCY MEDICAL CARE (AT HOSPITAL)
- TRANSPORTATION BY STAFF IN AN EMERGENCY
- TRANSPORTATION FROM KINGSFORD, WOODMOORE,
PERRYWOOD, or _____ SCHOOLS
(IF NEEDED) TO THE LCM AFTER SCHOOL PROGRAM

- WATER FUN GROUP GAMES
- FIRST AID
- CPR

WAIVER OR LIABILITY AND ACKNOWLEDGEMENT

- I hereby attest that the information provided in the Largo Community Ministries After School Program enrollement packet is complete and accurate to the best of my knowledge
- I further give my consent for ALL items checked above; and
- I hereby waive any claims for bodily injury, property damage, or other liabilities against Largo Community Church, the LCM After School Program and/or staff while my child is a participant in the LCM After School Program

Parent/Guardian Signature

Date