



# Chico Area Recreation and Park District Emergency Contact and Pick Up Authorization Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_ Program \_\_\_\_\_

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*Only the Parent(s) or Legal Guardian(s) may designate and authorize others to pick up their child(ren) from CARD Programs. It is CARD's policy that any parent or legal guardian of a child enrolled in a CARD program shall have full access to CARD's file and account information for such child unless otherwise directed in writing by the Parent or Legal Guardian enrolling the child. If you wish to restrict access to your child's file, please request and complete the Directive to Restrict Access form.*

	Parent/Legal Guardian	Parent/Legal Guardian
Name		
Address/City/Zip		
Cell Number		
Secondary Number		

**Valid identification must be provided to staff upon request when picking up your child.**

Additional people who may pick up your child(ren):	
Name	Phone Number

**Please describe the following for your child. If you have more than one child, please specify child.**

- Behavioral or mental health conditions that may impact them during this program: \_\_\_\_\_
- Medical conditions that may impact them during this program: \_\_\_\_\_
- Current medications we should be aware of: \_\_\_\_\_

**CARD ONLY ADMINISTERS EMERGENCY LIFE SAVING MEDICATION.**  
If your child may need such medication, required paperwork must be returned to CARD at least two business days prior to the start of program. The medication administration packet is available on the CARD website at [www.chicorec.com/registration-forms](http://www.chicorec.com/registration-forms).

I represent that I am the Parent or the Legal Guardian of the child(ren) and have full legal authority to register the child(ren) in the program and to determine and designate the emergency contact for the child(ren), as well as those persons authorized to pick up the child(ren) at the conclusion of the CARD Program.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print: \_\_\_\_\_