Pick Up Authorization and Health Information Form

I. EMERGENCY CONTACT INFORMATION

1. Participant Name:

First _____ Last _____

2. Parent / Legal Guardian Information:

First _____ Last _____

Address _____ E-mail Address _____

Primary Phone _____ Secondary Phone _____

II. PERSONS AUTHORIZED TO PICK-UP CHILD

In addition to the parent/guardian(s) listed above, please list the names of any possible persons authorized to pick up the above referenced child. Use the other side of this form to add additional names. Please Note: Photo ID's must be presented at the time of pick up.

First Name	Last Name	Relationship to Child	Phone Number

III. AUTHORIZATION FOR SELF-CHECKOUT

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

☐ I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.

☐ I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

PHOTO & VIDEO RELEASE

I, _____, as the parent and/or guardian of _____, authorize Prairie View A&M University to photograph or video my son/daughter and to use the photographs or videos for educational or promotional purposes in any media format chosen. I understand that photographs or videos may not be used for profit without my express permission. I acknowledge that I will not be paid or rewarded for providing this authorization. **INITIALS**_____

HEALTH INFORMATION

Is there anything in youth's health history that the program staff should know?_____

_____

Are there any activities from which the youth should be restricted?_____

Please list any special services your child may require_____

Does the youth have any special dietary restrictions? ☐NO ☐YES If YES, explain_____

_____

Please list any allergies_____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ☐NO ☐YES If YES, explain_____

_____ _____

Parent/Legal Guardian Name (Please Print) Parent/Legal Guardian Signature & Date