



PASSAIC ARTS & SCIENCE CHARTER SCHOOL

7 St. Francis Way, Passaic, NJ 07055 ♦ Tel: 973.928.5544 ♦ Fax: 973.928.5545

Pick Up Authorization Form

Here at Passaic Arts and Science Charter School, we continually strive to provide our students with the safest environment possible.

Please include 3 names of people who you authorized to pick-up your child. (Please keep in mind that our staff might ask for ID.)

If you need a person to pick up your child and that person is not on the list, you must call the school and inform the staff of the person picking up your child.

This is not intended to be an inconvenience to anyone; it is for the safety of your child.

My child _____ in class/ room _____ is allowed to be picked up by the following people.

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____

I hereby authorize the above named people to pick up my child.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date



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Walking Pass Permission Slip

Dear Parents/Guardians:

Parents are given the option of allowing their child(ren) to walk home. By signing this permission slip, you are granting the school permission to issue a walking pass to your child(ren) and allow them to walk home.

Please Read Carefully

My son/daughter _____ has my permission to:

_____ Walk home (by checking this, you are stating your child will leave the building, exit the premises, and walk home immediately to ensure his or her safety).

Sincerely,

Passaic Arts and Science Charter School

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



Passaic Arts & Science Charter School

6 Wall Street, Passaic, NJ 07055 ♦ Tel: 862.238.7800 ♦ Fax: 862.238.7801

Emergency Contact and Medical Information

Child's Name		Date of Birth	M	F
Parent's/Guardian's Name		Parent's/Guardian's Name		
Personal Email	Work Email	Personal email	Work Email	
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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