



THE WOODLANDS  
CHRISTIAN  
ACADEMY

## 2010-2011 Emergency Pick-up Authorization

In the event of an emergency or in the event that I cannot pick up my child(ren), I hereby give my permission for my child(ren) listed below:

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Child/Student's Name Grade

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Child/Student's Name Grade

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Child/Student's Name Grade

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Child/Student's Name Grade

**...to leave campus with the following adults:**

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Name of Authorized Person Contact Phone Number

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Name of Authorized Person Contact Phone Number

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Name of Authorized Person Contact Phone Number

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Name of Authorized Person Contact Phone Number

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**Parent/Guardian Signature**

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**Date**

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**Parent/Guardian Signature**

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**Date**