

## Care for Children of Families of Emergency Workers, or Children of School Staff

**Please note: You must pre-register and meet eligibility guidelines per MDE for this service by calling the main office at 651-209-8002.**

Name of Parent/Guardian who is an emergency worker: \_\_\_\_\_

Parent/Guardian Emergency Worker Title/Job Role \_\_\_\_\_

Employer of Emergency Worker: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: (    ) \_\_\_\_\_

Verification Provided Date: \_\_\_\_\_

Verification Type: **(Circle one) Employee Work Badge    Letter from Employer**

HCPA requires all parents/guardians to complete the permission slip form to allow your child to be picked up by someone other than parents. In order to ensure the safety of your child, we will only release your child to their parents or the designated person(s) listed below:

Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____
Student Name: _____	Grade: _____	Date of Birth: _____	ID#: _____

Mother/Guardian: _____	Home Phone: _____	Cell Phone: _____
	Work Phone: _____	Email: _____

Father/Guardian: _____	Home Phone: _____	Cell Phone: _____
	Work Phone: _____	Email: _____

### CHILD PICK UP/ EMERGENCY INFORMATION CONTACT RECORD

Please note: The adult that picks up your child MUST show a PHOTO ID or they will NOT be permitted to pick up your child. Name of a person to call in emergency other than a person the student lives with:

	<u>Adults Full Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I give permission for the above person(s) to pick up my child from HCPA in case of an emergency or in my absence. In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the individuals listed above and follow his/her instructions. If no one can be reached, the school may arrange for care as needed. If I decide to change or add additional person(s), it will be my responsibility to notify the school in writing five school days prior to changes take effect.

<b>Parent Signature:</b> _____	<b>Date:</b> _____
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Revision date: March 17, 2020

**All that a school should be.**

**All students must be picked up and dropped off through the main office.**

Please indicate the pickup and drop-off times (between hours of 7:30 AM and 3:30 PM) for your child(ren).

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time					
Pickup Time					

If your child has medical needs, please indicate yes, and then contact the school nurse.

(Circle one) Yes    No

Please indicate below if there are any other special considerations/issues:

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Please note that if your child is ill, we cannot allow the sick child to enter the building. This program is only available to well children.