



After3's Permission and Pick-up Authorization Form

After3's staff has permission to treat my child for minor injuries. In the event of an emergency, I hereby grant After3's staff permission to bring my child to be treated at a hospital emergency room. I hereby give permission for my child to participate in all after-school related photography and video footage which can be used for marketing purposes. I hereby agree to all payment and behavioral policies.

Pick-up Authorization:

I authorize After3 to allow the following person(s) to pick-up my child _____ from after-school. This authorization will remain ineffect until I remove any names from the list.

Name: _____	Phone: _____	Relation: _____
Name: _____	Phone: _____	Relation: _____
Name: _____	Phone: _____	Relation: _____
Name: _____	Phone: _____	Relation: _____

If Parent Not Available During an Emergency, Notify:

Name: _____	Phone: _____	Relation: _____
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Parent's Signature: _____ Date: _____