Oak Lawn Park District

FLASH EMERGENCY CONTACTS & PICK-UP PERMISSION FORM

The people listed below shall be contacted in the event of an emergency or illness when the parents/guardians are not available. In addition, those listed below will be the ONLY persons allowed to pick-up the participant besides the parents/guardians. ***Unless court ordered documentation be provided to show otherwise, both parents are automatically authorized to pick up their child.*** Under no circumstances will a child be released to any other person than those listed below unless FLASH is given permission in writing by one of the participant's parents/guardian. The staff will ask for identification from the person picking-up your child, so please make sure that every person listed below has some form of photo identification with them when retrieving your child.

1. Name_____ Relationship to Child_____

   Home # _____ Work #_____ Cell #_____

2. Name_____ Relationship to Child_____

   Home # _____ Work # _____ Cell #_____

3. Name_____ Relationship to Child_____

   Home # _____ Work # _____ Cell #_____

4. Name_____ Relationship to Child_____

   Home # _____ Work # _____ Cell #_____

5. Name_____ Relationship to Child_____

   Home # _____ Work # _____ Cell #_____

6. Name_____ Relationship to Child_____

   Home # _____ Work # _____ Cell #_____

7. Name_____ Relationship to Child_____

   Home # _____ Work # _____ Cell #_____

8. Name_____ Relationship to Child_____

   Home # _____ Work # _____ Cell #_____

I swear and affirm that I am the parent or legal guardian of the minor I am enrolling in the FLASH program of the Oak Lawn Park District, and that I have legal authority to enroll the minor in this program. I acknowledge that I have read the pick-up procedures of the FLASH program as stated in the Parent Handbook and realize that my child will only be released to those persons listed above as well as the parents/legal guardians (unless court ordered documentation is provided to show otherwise). I understand that if a person not listed above will be picking-up my child/ward on a regular basis, or if any of the supplied information above changes, it is my responsibility to submit the changes in writing to the FLASH office. I further understand that if a person not listed above is picking-up my child/ward, even one time, it is my responsibility to inform FLASH in writing. I am fully aware that under no circumstances will the FLASH program deviate from their stated policies regarding child pick-up.

SIGNATURE OF PARENT/LEGAL GUARDIAN RELATIONSHIP TO CHILD DATE