Omega Alpha Academy

1402 San Antonio Dr., Douglas, AZ 85607

Phone: (520) 805-1261 Fax: (520) 805-1272

PERMISSION TO PICK UP

By signing this slip, I give permission for the people listed below to pick up my child after school or if illness should occur.

I, _____, the parent/legal guardian of _____ give permission for the following individual(s) to pick up my child after school, for emergencies, or if my child should become ill.

Parent/Guardian Signature: _____ Date: _____

Name	Relationship to Child	Phone Number