

RELEASE FROM CAMPUS CONSENT

HARVEST CHRISTIAN ACADEMY

110 Mc Kee Road
Bakersfield, CA 93307
(661) 831-3639
www.hcacademy.net

Student Name _____ School Year _____

Parent(s)/Guardian name: _____

Authorized Persons

In addition to the parent(s)/guardian, Harvest Christian Academy is authorized to release my child at the end of a class to the following persons:

1. _____
Authorized Person's Name Relationship

Drivers License Number Work Telephone Number Home Telephone Number Cell Phone Number

2. _____
Authorized Person's Name Relationship

Drivers License Number Work Telephone Number Home Telephone Number Cell Phone Number

3. _____
Authorized Person's Name Relationship

Drivers License Number Work Telephone Number Home Telephone Number Cell Phone Number

4. _____
Authorized Person's Name Relationship

Drivers License Number Work Telephone Number Home Telephone Number Cell Phone Number

I understand and agree that my **child will not be released after class* until picked up by me or any person listed above**. In the event of an emergency, I understand that my child will **not be released unless I speak directly to an authorized Harvest Christian Academy personnel and given specific instructions**.

***All person(s) coming onto the campus to pick up your child, must be modestly dressed, no shorts, tank tops, mid drifts, mini skirts, tight revealing clothing, ect.**

Parent/Guardian Signature: _____ Date: _____

