



Harambee Preparatory School
1609 Navarro Street
Pasadena, CA. 91103
(626)798-7431

PICK- UP / EMERGENCY CONTACTS

List the names of FOUR alternates to whom your child may be released if the school is unable to contact the parents. They should be locally available and able to transport the child. In case of accident, illness, earthquake or other disaster, I authorize Harambee Ministries to release my child to the following adults if the school is unable to contact me.

I understand that the school may be unable to contact me to tell me that my child has been released to one of the persons listed below. I agree to notify these people as to their responsibility to act in this capacity.

I release Harambee Ministries and its agents and employees from all liability which may attend, release or non-release of my child in accordance with this authorization

Please list in order of preference:

Name _____ Relationship _____
() _____ () _____ () _____
Home Phone Work Phone Cell Phone

Name _____ Relationship _____
() _____ () _____ () _____
Home Phone Work Phone Cell Phone

Name _____ Relationship _____
() _____ () _____ () _____
Home Phone Work Phone Cell Phone

Name _____ Relationship _____
() _____ () _____ () _____
Home Phone Work Phone Cell Phone

Student will be released only to alternates you have listed. If a change of alternate is desired, please notify the office in writing. PLEASE KEEP INFORMATION CURRENT!

If a parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of HARAMBEE MINISTRIES to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower the representative or official of the school to give consent for such treatment as the physician may deem advisable.

Signatures of both parents needed:

Signature of (mother) or (female guardian) Date

Signature of (father) or (male guardian) Date