

## Check-out and Emergency Form 2026

Student Name: \_\_\_\_\_

Mother/Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternate Cell Phone Number: \_\_\_\_\_

As parent/legal guardian of the above-named student, in addition to me, I authorize the following individuals to pick up my child from the Pensacola State College Kids College Program:

Designee Name	Relationship to Child	Best Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature for Check- out Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** If a person other than a parent/legal guardian or one of the individuals listed below tries to pick up my child, Kids College Staff will contact a parent/guardian to obtain verification/authorization. If Kids College Staff cannot get in contact with either parent/guardian, then my child **will not** be allowed to be checked out by the individual.

**Please tell us any specific information that would help us know your child better. (Example: Medications, Allergies, learning challenges, parents' pick-up/drop off schedules, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

### Statement of Consent & Waiver and Release of Parents

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor child enrolling in the Kids College Program (the "Program") operated by The District Board of Trustees of Pensacola State College, Florida (the "College"), hereby acknowledge and agree that if my child should be injured or become ill while on any campus of the College or while participating in any field trip approved by me, then I grant authority to the College and its officers, employees and agents to obtain medical treatment for my child and to authorize any and all treatments, procedures and operations deemed necessary by any emergency medical personnel, treating physician, or consulting physician. In the event of a medical emergency, the College may release any and all information in its possession regarding me and my child to any emergency medical service, hospital, clinic or physician, and their respective employees and agents, regardless of whether such records may be deemed student, medical, or financial records. I understand and agree that payment of all fees, costs, and expenses associated with or arising out of any medical emergency shall be my responsibility, and I hereby agree to indemnify, defend and hold harmless the College and its trustees, officers, employees, and agents from any liability for the payment of such fees, costs, and expenses.

I hereby waive any and all claims, damages, causes, causes of action, suits, judgments and remedies, at law or in equity, that I, my child, or our personal representatives, heirs, beneficiaries, successors, or assigns, may hereafter have against the College, its trustees, officers, employees and agents, for losses or damages that I or my child may sustain while participating in Kids College, or as a result of any exercise of the authority granted hereinabove.

AGREED TO AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 2026.

Parent or Legal Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

