

Nova Geração Brazilian Jiu-Jitsu School Pick Up Authorization Form

Phone:	Parent Name:	
School address: Student grade: Student teacher's name: School Dismissal time: I authorize my child utilize the school bus of transportation for the NOVA GERAÇÃO AFTER SCHOOL PROGRAM 2018/2019. * Note: Maximum capacity is one person per seat belt. EMERGENCY CONTACT In case of emergency, I may be reached at: Telephone(s): In event that I cannot be reached, please contact: Name of establishment / person: Telephone (s): Health/accident insurance: My child is covered by 24-hour student accident insurance or family insurance: Insurance company: / or I've attached a copy of my family identification card. I do not have insurance. However, I will pay any and all medical bills family insurance.	Phone:	
Student grade:	School name:	
Student grade:	School address:	
I authorize my child utilize the school bus of transportation for the NOVA GERAÇÃO AFTER SCHOOL PROGRAM 2018/2019. * Note: Maximum capacity is one person per seat belt. EMERGENCY CONTACT In case of emergency, I may be reached at: Telephone(s): In event that I cannot be reached, please contact: Name of establishment / person: Telephone (s): Health/accident insurance: My child is covered by 24-hour student accident insurance or family insurance: Insurance company:		
I authorize my child utilize the school bus of transportation for the NOVA GERAÇÃO AFTER SCHOOL PROGRAM 2018/2019. * Note: Maximum capacity is one person per seat belt. EMERGENCY CONTACT In case of emergency, I may be reached at: Telephone(s):	Student teacher's name:	
GERAÇÃO AFTER SCHOOL PROGRAM 2018/2019. * Note: Maximum capacity is one person per seat belt. EMERGENCY CONTACT In case of emergency, I may be reached at: Telephone(s): In event that I cannot be reached, please contact: Name of establishment / person: Telephone (s): Health/accident insurance: My child is covered by 24-hour student accident insurance or family insurance: Insurance company: / or I've attached a copy of my family identification card I do not have insurance. However, I will pay any and all medical bills for the statement of the st	School Dismissal time:	
In case of emergency, I may be reached at: Telephone(s): In event that I cannot be reached, please contact: Name of establishment / person: Telephone (s): Health/accident insurance: My child is covered by 24-hour student accident insurance or family insurance: Insurance company:	GERAÇÃO AFTER SCHOOL PROGRAM 2	018/2019.
Telephone(s):		
In event that I cannot be reached, please contact: Name of establishment / person: Telephone (s): Health/accident insurance: My child is covered by 24-hour student accident insurance or family insurance: Insurance company:/ or I've attached a copy of my family identification card. I do not have insurance. However, I will pay any and all medical bills for the standard of the stan	Telephone(s):	
Telephone (s): Health/accident insurance: My child is covered by 24-hour student accident insurance or family insurance: Insurance company:/ or I've attached a copy of my family identification card. I do not have insurance. However, I will pay any and all medical bills for the state of the	In event that I cannot be reached, please co	ontact:
Health/accident insurance: My child is covered by 24-hour student accident insurance or family insurance: Insurance company:/ or I've attached a copy of my family identification card I do not have insurance. However, I will pay any and all medical bills f	Name of establishment / person:	
My child is covered by 24-hour student accident insurance or family insurance: Insurance company:/ or I've attached a copy of my family identification card. I do not have insurance. However, I will pay any and all medical bills for the control of	Health/accident insurance:	
insurance: Insurance company:/ or I've attached a copy of my family identification card I do not have insurance. However, I will pay any and all medical bills f		cident insurance or family
copy of my family identification card I do not have insurance. However, I will pay any and all medical bills f	· ·	·
I do not have insurance. However, I will pay any and all medical bills f	Insurance company:	/ or I've attached a
the urgent care of my child.		ll pay any and all medical bills fo
	the urgent care of my child.	
Signature of Parent/Guardian	· · g · · · · · · · · · · · · · ·	