

**MESSIAH CHRISTIAN HIGH SCHOOL**  
30 Prospect Ave, Bayonne, NJ 07002  
201-437-5056

\_\_\_\_\_  
Student's Last Name and First Name (print)

\_\_\_\_\_  
Grade

**AUTHORIZATION AND CONSENT FORM**

|  |
|--|
| In case of emergency, contact _____ first.<br><br>Their number is _____. |
|--|

I hereby authorize Messiah Christian High School & Beacon Christian Academy to release my child(ren) to the following individuals: (PLEASE PRINT. MUST INCLUDE FIRST & LAST NAME.) **\*Include Mom, Dad, Stepparent, Grandparents Etc.**

| Name  | Relationship | Phone # |
|-------|--------------|---------|
| _____ | _____        | _____   |
| _____ | _____        | _____   |
| _____ | _____        | _____   |
| _____ | _____        | _____   |
| _____ | _____        | _____   |
| _____ | _____        | _____   |

**Any person picking up your child must have identification. Please do not be offended if asked for identification, as aftercare staff sometimes rotates. This is for the safety of your child.**

**I understand if the name does not appear on the list, my child will not be released from school.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Primary Parent email address** \_\_\_\_\_

**Note: If you need additional space to add people, use the back of this form.**