

Folsom SACC Program Parent Agreement

In the case of accident, illness, or injury, I authorize the SACC staff to act in the best interest of my child. I understand that in the case of a true medical emergency, SACC staff will call 911 first, and then contact me.

I understand that I must notify the SACC Coordinator of any changes to my child's SACC reservation, including when my child is absent, or leaves school before the regular dismissal time.

I have read and understand the SACC program information, including FEES, PAYMENTS, RESERVATION CALENDAR, and DISCIPLINE POLICY.

PARENT/GUARDIAN NAME (PRINT): _____ PHONE#: _____

SIGNATURE: _____ DATE: _____

The adults (over 18 years old) listed below are authorized to pick up my child from SACC.
(Please include PHONE NUMBER if this person may be contacted in the case of an emergency.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____