

2010-2011 Westminster Nursery School Emergency Form

(Please print)

Child's name _____ M ___ F ___ Birthdate _____

Address _____ Home phone _____

Mother's name _____ Work phone _____ Cell _____

Father's name _____ Work phone _____ Cell _____

Please describe any allergies (food or otherwise) _____

Has your child been issued an epi-pen? Yes ___ No ___

If YES will you be supplying an epi-pen for the school? Yes ___ No ___

Is your child on any medication? Yes ___ No ___ ; if yes, please describe _____

Emergency contacts/Pick up persons:

1. _____ Relationship _____ Phone _____
Emergency contact only _____ May also pick up my child _____

2. _____ Relationship _____ Phone _____
Emergency contact only _____ May also pick up my child _____

3. _____ Relationship _____ Phone _____
Emergency contact only _____ May also pick up my child _____

Are there any custody issues? Yes ___ No ___ ; if yes, please describe situation _____

Specific persons **NOT** authorized to pick up _____ Relationship _____

Does your child have any special needs? Yes ___ No ___ ; if yes, please describe _____

Does your child have an Individual Education Plan (IEP)? Yes ___ No ___

Insurance Company _____ ID# _____

Name of insured _____

Should family physician be contacted if parent(s) is not available? Yes ___ No ___

Name of physician _____ Phone _____

Your child will be taken to the St. Clair Hospital Emergency Room when parents or family physician cannot be reached. No treatment, except life-saving procedures, will be given at the hospital without the consent of the parent(s), authorized relatives, or a family physician. Please consult with your family physician about providing emergency treatment of your child should you not be available.

I, _____, understand that it is absolutely imperative that the school be informed of any unusual existing conditions such as physical or mental developmental issues, food allergies, convulsions, diabetes, nosebleeds, nervousness, heart ailment, rheumatic fever, etc. I understand that Westminster Nursery School administration, my child's teachers and emergency medical personnel will have access to my child's file.

Parent signature

Date

(OVER)

**Westminster Nursery School
Permission Form**

Child's Name _____

Class Roster:

I give _____ / do not give _____ permission to distribute my address / phone number on a class roster.

Photos & Videotapes:

I give _____ / do not give _____ permission for authorized WNS personnel to take group / individual pictures / videotapes of my child, to be used for WNS education programs or public relations purposes.

Field Trips;

I give _____ / do not give _____ permission for my child to go on field trips with his/her class. All trips are within walking distance such as (but not limited to) the Upper St. Clair Fire Station, the Upper St. Clair Police Station, Gilfillan Trail, the Log Cabin and the Upper St. Clair Library.

Family Directory:

I give _____ / do not give _____ permission to include my child's information in the Family Directory. If yes, please complete:

Parent's Name

Address

Phone #'s

Parent Signature

Date

(Over)