10 Pine Tree Road

Huntington Station, NY 11746

631 – 423 - 4404

bethelnurseryschool@yahoo.com

”Educate a child in the way he should go and when he is old he will not depart from it.” Proverbs 22:6

**EMERGENCY CONTACTS**

**AUTHORIZED ESCORTS**

**Child’s Name**  Date of Birth

Home Address Home Phone

Town Zip Code

**Mother’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email

Work Phone # Cell Phone #

**Father’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # Cell Phone #

Person(s) other than yourself authorized to escort your child to/from school, ***including those in your carpool***:

(If you want to make any changes during the school year, please do this **in writing** to the preschool office.)

Name Home &/or Work Phone Number Cell Phone Number

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**=============================================================================**

**PARENTAL CONSENT**

I give my consent to Bethel Nursery School to:

Release my child into the custody of the individual(s) named above (yes) (no)

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

Mother/Legal Guardian Signature Date

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

Father/Legal Guardian Signature Date

**Emergency Medical Release Form**

**Child’s Name**  Date of Birth

**Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number**

Address

Asthma, allergies or things known to cause a reaction in the child (including medications).

Special Needs (if any):

History of any physical or medical problems:

Is your child currently taking any medications?

*If yes, state type of medication*:

Please state reason for medication(s) given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WE, the parents/legal guardians

of, do hereby authorize the performance upon our child, by any physician licensed to practice medicine in the state of New York, any emergency procedure the physician deems necessary to save the life, limb, or continued good health of our child.

Any emergency surgical procedure is to have the unreserved consensus of not less than two (2) licensed physicians. This document is in no way intended for or to be construed as authorization for the performance of investigational procedure or treatment.

We, the parents/legal guardians, take full responsibility for any emergency procedure or treatment performed as well as financial responsibility.

**This document is valid only after any unsuccessful attempt is made to locate the parents or legal guardian of the child noted hereon.**

**PARENTAL CONSENT**

I give my consent to Bethel Nursery School to:

* Administer first aid procedures in the case of a *minor* accident (yes) (no)
* Contact AMBULANCE or 911 to transport my child to Huntington Hospital in event of a *major* accident (yes) (no)
* Notify & release of my child to the individuals noted on the **Emergency Contacts - Authorized Escorts form** in event of a medical emergency (yes) (no)

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Mother/Legal Guardian Signature Date

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

Father/Legal Guardian Signature Date