

SWARTHMORE PRESBYTERIAN NURSERY DAY SCHOOL

Emergency Information and Trip Permission Form

(Please fill out completely)

Child's Name Birth date:

****2 day time phone numbers required!**** Please indicate primary contact number Home Phone:

Address Cell Phone #1: Cell Phone #2

Family E-Mail Address:

Parent's Name (or Legal Guardian) Parent's Name

Address: Home Address: Home

Email:

Email

Employer

Employer

Name of person to be contacted in emergency if parents are not available:

Name Telephone:

Address

Person(s) to whom child may be released:

Tel: Address:

Tel: Address:

If released to any other than above, a written note **MUST** accompany child to school that day.

Trip Permission: I hereby give my permission for to go on supervised school trips. (If cars are used, a seat belt and booster seat will be provided for each child.)

Parent Signature: _____

Date: _____

Name of Child's Physician Telephone:

Address: Hospital Preference

Allergies: Yes No None known

If yes, please explain:

Check if Applicable: Seizure Disorder Diabetic Other Major Medical:

Emergency Care Consent:

I/we authorize SPNDS staff to administer first aid to our child in the event of accident or illness. If, in their judgment, there is a medical emergency requiring more than minor first aid, I/we authorize SPNDS staff to accompany our child to Crozer-Chester Medical Center in a police or other vehicle and to obtain medical care at the hospital. If the emergency occurs away from the school (on a school trip, for example), the most convenient hospital or other source of emergency medical care may be used.

I/we understand that a reasonable effort will be made to locate me/us but that steps to obtain emergency care for our child will not be delayed. I/we understand that I/we may be required to provide further consent to Crozer-Chester Medical Center and/or other emergency institution.

Parent(s) Signature: _____

Date: