

**PERMISSION FOR EMERGENCY CARE 2010-2011
THIS FORM WILL BE TAKEN TO THE HOSPITAL WITH YOUR CHILD IN CASE OF AN EMERGENCY**

Student's Name _____ Student ID _____ Sex _____ Date of Birth _____ Student Lives With: Both Parents
 Mother
 Father
 Other

Street Address _____ City _____ State _____ Zip Code _____ Grade Entering _____

Father's Name _____ Father's Address (if different) _____ Mother's Name _____ Mother's Address (if different) _____ Siblings (Name/Age) _____

FATHER'S INFORMATION

FATHER'S EMPLOYER	HOME PHONE	WORK PHONE	CELL PHONE / PAGER	HOME EMAIL	WORK EMAIL

MOTHER'S INFORMATION

MOTHER'S EMPLOYER	HOME PHONE	WORK PHONE	CELL PHONE / PAGER	HOME EMAIL	WORK EMAIL

Local Emergency Contacts and Pick-Ups (If parents cannot be reached need to arrive within 30 min) TWO Complete Entries below required, INCLUDING ADDRESS****

1) _____
 Name _____ Address (**Required**) _____ Daytime Phone _____ Cell Phone _____

2) _____
 Name _____ Address (**Required**) _____ Daytime Phone _____ Cell Phone _____

Medical Information (All students must provide an updated immunization record each year; New Students, Rising Kindergarten and Sixth graders must have current physical in addition to updated immunization records) ALL BLANKS MUST BE COMPLETED WITH "YES" or "NO."

Is your child on medication or treatment on a continuing basis? If yes, please explain. _____

Does your child have any food allergies? If yes, please explain. _____

Is your child allergic to bee stings? _____

Does your child suffer from asthma? If yes, is he/she on medication on a regular basis and what type? _____

Is your child allergic to any medications? If yes, please specify. _____

Does your child suffer from any other condition we need to be aware of? _____

Name of Physician _____ Physician's phone _____

Name of Insurance Company _____ Policy No. _____

THE NYSMITH SCHOOL HAS MY PERMISSION IN AN EMERGENCY, WHEN I OR MY PHYSICIAN CANNOT BE CONTACTED, TO TAKE MY CHILD TO THE EMERGENCY ROOM OF THE NEAREST HOSPITAL, AND THE HOSPITAL STAFF HAS MY AUTHORITY TO GIVE EMERGENCY CARE WHEN A PHYSICIAN DEEMS IT NECESSARY FOR THE WELL BEING OF MY CHILD. I WILL NOTIFY NYSMITH SCHOOL WITHIN 24 HOURS OR THE NEXT BUSINESS DAY AFTER MY CHILD OR ANY MEMBER OF MY IMMEDIATE HOUSEHOLD HAS DEVELOPED A REPORTABLE COMMUNICABLE DISEASE. I AGREE TO ARRANGE TO HAVE MY CHILD PICKED UP WITHIN 30 MINUTES WHEN NOTIFIED BY NYSMITH THAT MY CHILD IS ILL.

_____ Date

_____ Printed Name of Parent

_____ Signature of Parent

OVER→

AUTHORIZED PICKUP RELEASE

Social Services requires every student enrolled at Nysmith School to have information concerning authorized and unauthorized person(s) for pick up of your child on file in our office. Please return this to the office. _____

Child's Name

Person(s) authorized to pick up your child in addition to Local Emergency Contacts:

Grandparent's Name: _____

PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD: _____

LOCAL FIELD TRIP PERMISSION

I give permission for my child to leave the school grounds in the supervision of his/her teacher(s) in conjunction with his/her studies. This may include, but is not limited to, library, P.E., art, science or recreation. When traveling to such locations as the library, parks, etc., this may include taking the Nysmith bus. I understand that a special permission form will not be issued and this blanket permit will cover all such activities (all preschool parents will be notified of all activities). I understand that I will be notified when my child is to take a field trip outside a 15 mile radius from the school. All children **MUST** wear seatbelts when riding on the Nysmith School bus. **NO CHILD** is permitted on a trip that exceeds the 15 mile radius without a **WRITTEN AND SIGNED PERMISSION FORM**. (These may be faxed in an emergency, but **NO** permissions will be taken orally.) All field trips are accompanied by a minimum of two supervising adults. Certain age groups or activities may require more supervising adults and we will request additional parents for supervision. **PERMISSION IS GIVEN FOR LOCAL FIELD TRIPS UNLESS WE ARE NOTIFIED OTHERWISE IN WRITING.**

I HAVE READ AND COMPLETED ALL OF THE ABOVE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent

Date