

**PERMISSION FOR EMERGENCY CARE 2011-2012**  
**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: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 ( <b>Required</b> )	Daytime Phone	Cell Phone
2) _____	_____	_____	_____
Name	Address ( <b>Required</b> )	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.**

_____	_____	_____	<b>OVER→</b>
Date	Printed Name of Parent	Signature of Parent	

## 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:** \_\_\_\_\_

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## 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