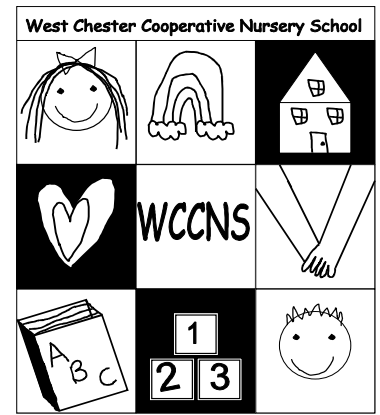


# West Chester Cooperative Nursery School

## First Aid Form/Second Adult Form



### Emergency First Aid

I give my permission for my child \_\_\_\_\_ to have the following first-aid treatments while attending the West Chester Cooperative Nursery School.

PLEASE CHECK ALL THAT APPLY:

\_\_\_\_ May have minor cuts and abrasions washed with ANTI-BACTERIAL SOAP.

\_\_\_\_ May have BAND-AIDS applied to minor cuts and abrasions.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Second Adult Form

I, \_\_\_\_\_ agree to act as a second adult for the West Chester Cooperative Nursery School during the following times.

\_\_\_\_ Toddler Class (Friday 9:00a-12:00p)

\_\_\_\_ 3 AM Class (Tuesdays and Thursdays 9:00a-12:00p)

\_\_\_\_ 3 PM Class (Tuesdays and Thursdays 12:15p-3:15p)

\_\_\_\_ 4 AM Class (Mondays, Wednesdays, and Fridays 9:00a-12:00p)

\_\_\_\_ 4 PM Class (Mondays, Wednesdays, and Fridays 12:15p-3:15p)

\_\_\_\_ 5 AM Class (Mondays-Thursdays 9:00a-12:00p)

I understand that as the second adult, I will be summoned in case of an emergency, verbally by a staff member. I am able to respond when summoned so as to reduce risk to the children during an emergency situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date