

FRAMINGHAM CENTRE NURSERY SCHOOL COVER SHEET/EMERGENCY AUTHORIZATION

Child's Name _____ Date of Birth _____ Gender _____
 Place of Birth _____ Primary Language _____
 Home Address _____ Home Phone _____
Street Town Zip Code

Please update your child's emergency information by completing the following and returning by 8/21/15:

Doctor _____ Dentist _____
Name Phone Name Phone

Allergies/Special Diets _____

Chronic health conditions/Special limitations or concerns _____

Health Insurance Company _____ Policy # _____

1) Parent/Guardian Name _____ Relationship to Child _____
 Home Address _____ Home Phone _____
Street Town Zip Code

Occupation _____ Hours at Work _____

Business Name _____ Address _____ Cell/Bus.Phone _____

2) Parent/Guardian Name _____ Relationship to Child _____
 Home Address _____ Home Phone _____
Street Town Zip Code

Occupation _____ Hours at Work _____

Business Name _____ Address _____ Cell/Bus.Phone _____

Others in Family _____

I hereby authorize FCNS to release my child to the following local person(s) in the order to be contacted:

Name _____ Relationship _____

Address _____ Cell/Home Phone _____

Name _____ Relationship _____

Address _____ Cell/Home Phone _____

Name _____ Relationship _____

Address _____ Cell/Home Phone _____

I understand that every effort will be made by Framingham Centre Nursery School to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the FCNS to transport my child to the nearest hospital and to secure the necessary medical treatment for my child.

I authorize staff of the nursery school, who are trained in the basics of first aid, to give first aid when appropriate.

If parents cannot be contacted, I authorize FCNS to release my child to the following local person(s) in the order listed, who should be notified and would take responsibility for my child in the event of an emergency:

Name _____ Relationship _____

Address _____ Cell/Home Phone _____

Name _____ Relationship _____

Address _____ Cell/Home Phone _____

Parent Signature _____	Date _____
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Please give a current physical description of your child:

Height -

Weight -

Identifying marks -

Hair color -

Eye color -

Skin color -