



EMERGENCY Information/Authorization

Student Information

Student's Last Name: _____ First Name: _____

Home Address: _____

City/State: _____ Zip: _____

Allergies: ☐ YES ☐ NO

Medical Needs: ☐ YES ☐ NO

If YES, please explain: _____

Parent/Guardian Information

Parent/Guardian #1 Name: _____ Cell #: _____

Address: _____ Zip: _____

(if different from above)

Place of Employment: _____ Address: _____ Zip: _____

Work Phone: _____ Ext. _____ Days Worked: ☐ M ☐ T ☐ W ☐ Th ☐ F Hours: _____

Parent/Guardian #2 Name: _____ Cell #: _____

Address: _____ Zip: _____

(if different from above)

Place of Employment: _____ Address: _____ Zip: _____

Work Phone: _____ Ext. _____ Days Worked: ☐ M ☐ T ☐ W ☐ Th ☐ F Hours: _____

If my child needs to leave school because of a minor illness and I/We cannot be reached, please call: (2 required)

1. _____

Friend/Relative

Address

Zip

Cell Phone

2. _____

Friend/Relative

Address

Zip

Cell Phone

In an EMERGENCY, I/We authorize the school to call our Pediatrician and if necessary 911.

Physician _____ Address _____ Phone _____

Signature of Parent/Legal Guardian

(continued on back)

Preferred Hospital

Persons Authorized to Transport Your Child

The following are authorized to pick up my child at any time: _____

A written note is required when someone other than parent/guardian or those listed above is picking up your child. All authorized persons may need to provide teacher with the proper identification.

Parent/Guardian Signature

Date

Field Trips

I give permission for my child, _____, to go on walking trips with Penfield Village Nursery School & Kindergarten.

Parent/Guardian Signature

Date