

**Presbyterian Nursery School
64 Oswego St.
Baldwinsville, NY 13027
(315) 635-7391**

EMERGENCY RELEASE FORM

We, the parent(s) or legal guardian of _____ appoint the Presbyterian Nursery School to act on my/our behalf in authorizing emergency medical, dental or surgical care and hospitalization in the event that I/we cannot be reached. It must be clearly understood that the parent/guardian, not the school, is responsible for any expenses incurred.

(Parent/Guardian)

(Parent/Guardian)

(Witness)

(Date)

Hospitalization coverage for the above named minor:

(name of insurance company, health plan, government program)

Identification Number _____

If your child should be hurt or become ill in school, every effort will be made to reach you immediately. If this cannot be done, please give the name of someone local that may be contacted in such an emergency.

Emergency Contact _____
(name and address)

Telephone/Cell Phone # _____

Relationship to the child _____

Doctor's Name _____ Doctor's Phone # _____

I/we give permission for _____ to participate in trips, excursions and projects sponsored by Presbyterian Nursery School.

(signature of parent/guardian)

(signature of parent/guardian)