

Presbyterian Nursery School

64 Oswego Street
Baldwinsville, NY 13027

EMERGENCY RELEASE FORM

We, the parent(s) or legal guardian of _____
appoint the Presbyterian Nursery School to act in my/ our behalf in the authorizing
emergency medical, dental, or surgical care and hospitalization in the event that I/ we cannot
be contacted. 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 Co., Health Plan, or 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.

Parent/Guardian

Name(s) _____

Address _____

Daytime Telephone # _____

Doctor's Name & Telephone # _____

Emergency Contact _____

(Name, telephone #, Address) _____

Please Indicate Relationship to Child _____

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

(Signature of Parent/Guardian)

(Signature of Parent/ Guardian)