

Emergency Authorization

Child's Name: _____ Birth Date: _____

Home Address: _____ Home Phone: _____
Street City Zip Code

Parent Name: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ OK to Text: Yes No

Business Phone: _____ Email Address: _____

Parent Name: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ OK to Text: Yes No

Business Phone: _____ Email Address: _____

List two people in the vicinity that the school can contact in case of an emergency when you are not available:

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

Please turn this form over for pick up authorization.

Pick Up Authorization

List any people that you authorize to **pick up** your child from school in addition to the emergency contacts above when you are not available:

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

I hereby authorize the persons listed to pick up my child from school. I have included myself and my spouse (if appropriate). I understand that any person authorized to pick up my child may do so at any time during the school day without prior approval. I have not included persons who may occasionally pick up my child. For those occasions, I will notify the school in writing including a description. In the event that they are unknown to staff, they will be asked for picture identification. I certify that none of the above are younger than fourteen years of age and that I will inform the persons so listed that they are authorized to pick up my child.

The undersigned, as parents or legal guardians for the above named child, hereby give permission to Mamaroneck Community Nursery School or The Community Playgroup to:

- in the event of an emergency and none of the above persons can be reached, I give the nursery School permission to contact a physician and/or arrange for proper transportation to the hospital for care.
- facilitate a visitation for observation purposes on behalf of this child and the sharing of information from the child’s file with appropriate specialists.

I also understand that if I choose to contract with a teacher at MCNS to care for my children outside of school that I do so at my own liability holding the nursery school harmless.

Your signature below indicates that you have read and agree. One signature is sufficient, but both parents may sign.

Signature

Date

Signature

Date

Please turn this form over for pick up authorization.