

THE NEW SCHOOL, INC. EMERGENCY CONTACT SHEET

This Sheet must be filled out and returned before your child begins school

Full Name of Child _____ [] Male [] Female
Home Address _____
Date of Birth _____ Parent's Names _____
Home Phone _____ Fax# _____ E-Mail _____
Mother's Cell Phone # _____ Father's Cell Phone# _____
Mother's Work # _____ Father's Work # _____

Please provide three (3) local emergency contacts who may be called in the event we cannot contact either parents or legal guardians.

Name _____ Phone # _____
Address _____ Relationship _____
Name _____ Phone# _____
Address _____ Relationship _____
Name _____ Phone # _____
Address _____ Relationship _____

Physician's Name _____ Phone # _____
Dentist's Name _____ Phone # _____

Please list all persons who have permission to pick up child up from school. We will not release your child to any person who is not on this list. Please advise all persons who may be picking your child up from school that they will be required to show picture identification to the faculty member on duty before your child can be released.

1. Name _____ Relationship _____
2. Name _____ Relationship _____
3. Name _____ Relationship _____

Please list any special instructions you would like the school faculty to carry out in the event your child becomes ill or has an accident. _____

Hospital of Choice (PLEASE DO NOT WRITE "CLOSEST") _____

In the event that I or others listed are not available, I give permission to the caregiver to provide first aid for the child named above and to take appropriate measures including contacting (EMS) Emergency Medical Services and Arranging transportation to a hospital if necessary.

Parent Signature _____ Date _____
Parent Signature _____ Date _____