

NEIGHBORHOOD PRESCHOOL  
EMERGENCY CONTACT AND RELEASE FORM

2018-19

**PARENT'S CONSENT:** I, \_\_\_\_\_, give my consent for \_\_\_\_\_ to be treated by a private physician or hospital in the event of an accident, sudden illness or emergency. I give permission to take my child by ambulance to Middlesex Hospital, or a medical facility designated by emergency personnel, when my physician or center physician cannot be reached. I agree to pay the charges involved, if necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Child's Doctor and phone number \_\_\_\_\_

Child's Dentist and phone number \_\_\_\_\_

**AUTHORIZATION FOR FIRST AID TREATMENT:** I give permission to have first aid administered as directed in the approved standing order.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\* Are there any known allergies, drug allergies, health or medical problems that we need to know about? If so, please provide details? \_\_\_\_\_

**PERMISSION FOR FIELD TRIPS:** I give my permission for my child to accompany staff on walks and field trips away from Neighborhood Preschool on foot, due precautions being observed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**NEIGHBORHOOD PRESCHOOL POLICIES :** I HAVE READ THE NPS PARENT HANDBOOK, DISCIPLINE AND HEALTH POLICIES. A copy of the hand book can be found on the NPS web site. [nps@wesleyan.edu](mailto:nps@wesleyan.edu)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PHOTOGRAPHY AND VIDEO TAPE RELEASE:** NPS would like permission to photograph and or videotape my child. The photos may be used on our FACEBOOK page, for creating bulletin boards and posters around NPS and on the NPS website. Pictures are used for NPS programs and may not be shared to the public for publication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

