

St. Andrew's Nursery School & Kindergarten

419 South Street • New Providence, NJ 07974 • 908-464-4878 • www.standrews-school.org

2009-2010 Authorization & Emergency Information Form

Emergency Procedures: *I have read and understand the procedures to be taken by the school in the case of an emergency. I authorize St. Andrew's to seek medical care as detailed on the emergency procedures form.*

STUDENT: _____
Last Name First Name Teacher/Class

ADDRESS: _____ Home Phone: () _____

DATE OF BIRTH: _____

IF NOT AT HOME, WHERE CAN PARENTS BE REACHED?

PARENT 1: _____

Business Name and Address: _____

Business Phone Cell Phone E-Mail Address

PARENT 2: _____

Business Name and Address: _____

Business Phone Cell Phone E-Mail Address

In case of minor illness/accident, early dismissal, or other changes in school routine, I request that the school contact me using the information provided on this form. If the school is unable to reach me, I hereby authorize the school to contact the adults listed below, who may assume temporary care of my child.

1) Name: _____ Relationship to Child: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

2) Name: _____ Relationship to Child: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Important: Please communicate with the person(s) above that you have identified on this form.

Child's Physician: _____ Phone: _____

Address: _____

Parent Signature: _____ Date: _____