Saugatuck Nursery School Emergency/Permission Statement 2023-2024

Child's Name		Date	Date of Enrollment	
Address				
Parent/Guardian's Name		 		
Home Phone	Work Phone		Cell Phone	
Child's Physician: Name			Phone #	
Address_		City	Zip Code	
Child's Dentist: Name			Phone#	
			Zip Code	
Any Known Allergies:				
and to contact the above name transported to the nearest hos Signature of Parent/Guardian	ed Physician or Dentist if my che pital in the event of a medical of the event of t	nild has a medical elemergency. I will be	y School to administer First Aid and CPR to my child emergency. I also give my consent for my child to be responsible for all medical fees.	
and such pictures may be use Signature of Parent/Guardian	d for instructional or promotion	al purposes.	ild participating in the activities relating to the school	
	ny child to participate in norma d release the school from all re		trips, both on and off school grounds, sponsored by the for injury or damage resulting from the school's gross	
Signature of Parent/Guardian				
Two	Local Emergency Contacts	To Be Contacted i	f Parent Cannot Be Reached	
Name		Phone #		
Name		Phone #		
	Persons Authorized	d to Remove My C	hild From SNS	
Name	Phone #		Relationship to Child	
Name	Phone #		Relationship to Child	