

**The Nursery School at St James the Less
Scarsdale, NY 10583**

First Aid Permission & Emergency Information

Child's Name _____ Age _____

In the event of a severe medical emergency, New York State regulations mandate that we contact 911. In case of an emergency, the school staff will promptly contact the parents and/or emergency contacts as well. A staff member will always accompany a child in an ambulance.

I give The Nursery School at St James the Less permission to contact 911 should medical attention be required.

Signature _____ (Parent/Guardian) Date _____

Emergency Information

Mother's Name _____ Father's Name _____

Address _____

Home Phone _____ Work Phone _____

Mom Cell _____ Dad Cell _____

Nanny/Sitter's Name _____ Cell _____

In case of an emergency when neither parent can be reached, please contact the following **local people**:

Name _____ Relationship to child _____

Address _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Address _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Address _____

Phone _____ Cell _____

This form must be completed and returned before the first day your child attends school.