jcc midWestchester
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JCC of Mid-Westchester Nursery School

EMERGENCY/AUTHORIZATION RELEASE FORM

Child's Name: _____

Parent's Name: _____

Address: _____

Telephone Number: (Home)_____ (Cell #)_____

In the event of an accident or illness requiring emergency medical care, and in the event that I cannot be contacted immediately, I hereby authorize the Nursery School Director or other person in charge to secure such medical care as necessary.

_____ _____
Parent's Signature (or Guardian) Date

Pediatrician's Name: _____

Pediatrician's Telephone #: _____

Name and telephone numbers of persons to be called in case of illness (other than those listed above):

_____

_____

The following is a list of those individuals authorized to pick my child/children up at the end of the day:

1. _____
2. _____
3. _____
4. _____

I understand that should a last-minute change be necessary in the authorized pick up of my child/children, that change should be made in writing or called in to the Nursery School Director with enough notice to record the change.

_____ _____
Parent's Signature (or Guardian) Date