



**EMERGENCY INFORMATION:**

In the event I cannot be reached to make arrangements for emergency medical attention, I/we being the parent(s)/legal guardian(s) of the above named minor appoint Knox Nursery School (KNS) staff to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization in my/our absence for above named minor.

Hospital Preference \_\_\_\_\_

**Person(s) to notify in an emergency, if the parents cannot be reached:**

Name \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone# \_\_\_\_\_

**AGREEMENTS**

*(Please **read** and **initial** each statement and **sign** at the bottom)*

\_\_\_\_I understand that KNS does not carry health and accident insurance and that I am responsible for Health/Accident incurred costs.

\_\_\_\_I give permission to KNS to take and/or use video and/or photographs of myself and/or my child(ren) for the purpose of promoting the KNS program.

\_\_\_\_I give consent for my child to take part in neighborhood trips (ie post office, firehouse, park and playground) away from the facility under proper supervision.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_