

MEDICAL EMERGENCY PERMISSION FORM
(To be filled out each year)

I give my permission for St. John's Lutheran Nursery School to seek emergency medical treatment, if necessary, for my child _____ in the event that I cannot be contacted.

PHYSICIAN'S NAME _____ PHONE _____

Signature of Parent

Date



PHOTO RELEASE PERMISSION FORM
(To be filled out each year)

I give my permission for my child _____ to be photographed and/or video taped at St. John's Lutheran Nursery School for use as follows:

Facebook (Closed group – Link will be provided in September)

_____yes _____no

Publicity (Library Preschool Showcase, etc)

_____yes _____no

Signature of Parent

Date

ST. JOHN'S LUTHERAN NURSERY SCHOOL

1675 Coates Ave., Holbrook, NY

Phone (631) 588-4347 - FAX (631) 588-8159

Email: sjnurseryschool@outlook.com • Website: www.sjnurseryschool.com**CHILD RELEASE FORM**
(To be filled out each year)**CHILD'S NAME** _____

Please write the full name(s) of the person(s) authorized to pick up your child from school and can be contacted in case of an emergency (at least 1 neighbor on your street):

Relationship	Name First and Last	Home Phone	Cell Phone	Work Phone	Address
<i>Mother</i>					
<i>Father</i>					
<i>Grandparent</i>					
<i>Grandparent</i>					
<i>Neighbor</i>					
<i>Other</i>					

If there has been a divorce or separation, please explain the custodial rights and anticipated visitation concerns: _____

Any person(s) authorized to pick up your child **including the parents** must come prepared to show **photo identification** when asked. If the parent or authorized person has been introduced to the staff or is known by them, identification will not be required. The child will not be released if the staff has not met the person and no appropriate identification is produced. We realize that at times this may be inconvenient; nonetheless, we ask for your full cooperation as the whole purpose of this procedure is the safety of your child.

Signature of Parent_____
Date