

ST. JOSEPH PRE-SCHOOL
372 WYCKOFF AVE
RAMSEY, NJ 07446

EMERGENCY INFORMATION:

Child's Name: _____

PERMISSION AUTHORIZATION:

I hereby authorize the Franciscan Sisters of St. Elizabeth and St. Joseph Pre-School to refer my child for treatment in a medical or other emergency. I authorize the Franciscan Sisters of St. Elizabeth and St. Joseph Pre-School and its employees to take all steps necessary to assist or otherwise provide for emergency diagnosis or treatment on behalf of my child. I further release and hold harmless the Franciscan Sisters of St. Elizabeth and St. Joseph Pre-School and its employees from any and all liability for any reasonable actions taken by them on behalf of my child relating to the aforementioned emergency care.

I agree to the above terms for as long as my child is in St. Joseph Pre-School.

Parent Signature: _____ Date: _____



EMERGENCY CONTACTS:

The State of New Jersey Licensing Bureau requires that if the parents of a child are not available to phone in the event of an emergency or illness two other emergency contact be listed. Please list the alternate emergency contacts other than the parent(s).

1) Name: _____
Address: _____
Relation to child: _____
Telephone number: _____

2) Name: _____
Address: _____
Relation to child: _____
Telephone number: _____



Mother's Name: _____
Home Phone: _____ Business Phone: _____
Father's Name: _____
Home Phone: _____ Business Phone: _____