



Briarcliff Nursery School

Emergency/Medical 2017-2018

Child's Name: _____ Primary Phone: _____

Child's Birthday: _____ Primary Cell No: _____

Home Address: _____ Primary Email: _____

In the Event of Illness or Accident, Please Contact:

Name: _____ Phone Number: _____ Other Number: _____

Name: _____ Phone Number: _____ Other Number: _____

Name: _____ Phone Number: _____ Other Number: _____

If the above named persons are not reachable please contact the following:

Primary Emergency Contact: _____ 2nd Emergency Contact: _____

Primary Phone Number: _____ Primary Phone Number: _____

Other Phone Number: _____ Other Phone Number: _____

3rd Emergency Contact: _____ Primary Phone: _____

Other Phone Number: _____

Emergency Evacuation

In situations other than a problem with Indian Point, BNS staff would be escorting students to Club Fit on North State Rd. The County evacuation plan for Indian Point would escort BNS to Mercy College on Route 9 in Dobbs Ferry, NY. Please list 3 BNS Families that may pick up your child in the event of an Emergency Evacuation.

Family Name: _____ Primary Phone Number: _____

Family Name: _____ Primary Phone Number: _____

Family Name: _____ Primary Phone Number: _____

Medical Consent

Name of Child's Physician or Medical Group: _____

Address: _____

Phone Number: _____

In the event that a serious injury should befall your child while he/she is in school, every effort will be made to reach you and your family physician. Should we not be able to reach you, it might be necessary to use hospital emergency facilities. Hospitals are not permitted to give emergency treatment to a child without parental consent. There, please fill in this form so that we may keep it in our files.

IN case of a medical emergency, I give consent for my child, _____, to receive such medical treatment as is deemed necessary by the attending physician. _____

Signature

Parent Signature _____ Date: _____