

## English Rose Day School - Emergency Form

This is one of the most **important forms** you will fill out. We use this in case we need to reach you while your child is in our care. Please fill this out carefully and **print neatly**.

### Child's Information

Child's Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: NY Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medication Needs: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Tel No: \_\_\_\_\_

### Mother's Information

Mother's Name: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home # (if different): \_\_\_\_\_  
Home Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employment Information

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Days/Hours: \_\_\_\_\_ Position: \_\_\_\_\_

### Father's Information

Father's Name: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home # (if different): \_\_\_\_\_  
Home Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employment Information

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Days/Hours: \_\_\_\_\_ Position: \_\_\_\_\_

### Other Responsible Person Information

Please provide us with another person we can contact nearby in the event you cannot be reached.

Other Responsible Person: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Daytime Address: \_\_\_\_\_  
Daytime Telephone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## English Rose Day School Collection Permission & Security Codes

I hereby give permission for my child \_\_\_\_\_ (Child's Name),  
to leave the premises and care of English Rose Day School, with the person(s) named below.

Please list both parent names (if applicable) and at least one adult other than the parents below.

1. Name: \_\_\_\_\_ Tel: \_\_\_\_\_
2. Name: \_\_\_\_\_ Tel: \_\_\_\_\_
3. Name: \_\_\_\_\_ Tel: \_\_\_\_\_
4. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**If there is a separation or a divorce custody/problems of which we should be aware of please provide details below.** Please note in order for us not to release a child to a natural parent we would need court papers stating visitation rights/restrictions, or details that the parent is not allowed to pick up the child. If we do not have these papers on file we are legally bound to release a child to a natural parent.

I understand that it is my responsibility to notify the school in writing if there are any changes.  
Please note your child will not be released to anyone other than those listed above unless we receive a note from a parent or a telephone call from a parent (we need to be 100% certain that it is the parent calling).  
Please note in the event of an emergency pickup if we are unable to reach either parent we will contact someone on the above list to come and collect your child.

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**Please select a 4 digit code to be used for entering the building.** We are requesting that the code you chose for your access to the building not be shared with your children. Therefore we would ask that the **children not be allowed to use the code panel to access the building.** We thank you for your support in our efforts to keep everyone at English Rose as safe as possible.

Family Pin Code for Door Entry:    \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Orange Regional Medical Center  
Middletown NY**

**Authorization For Emergency Treatment Of Minors  
(Anyone Under The Age Of Eighteen)**

Date \_\_\_\_\_ Time \_\_\_\_\_ (AM)(PM)

<b>Names of Minors</b>	<b>Birth Date</b>	<b>Date of Last Tetanus</b>	<b>Family Physician Name &amp; Phone #</b>	<b>Allergies</b>

I/We being the parent(s) or legal guardians of the above names minor(s), do hereby appoint:

English Rose Day School  
16 Weathervane Drive  
Washingtonville, NY 10992  
845-496-4455

To act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence:

September 1<sup>st</sup>, 2014 through August 30<sup>th</sup>, 2015

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required. This document shall not be construed as consent to medical, dental or surgical treatment of an elective nature if such treatment can be postponed until I am available to consent to such care personally. Treatment shall be considered elective if, in the treating physician's judgment, it can be delayed until I am available to consent without serious negative impact to my child's health or welfare.

I agree that I am responsible for the costs and expenses for medical, dental or surgical care and hospitalization rendered to the above-named minor at the direction of the individual(s) I/we have appointed herein.

Hospitalization coverage for the above-named minor(s):

Name of Insurance Company or  
Government Program

Identification or  
Contract Number

\_\_\_\_\_

\_\_\_\_\_

Authorization for Emergency Treatment of Minors  
(Anyone under the age of eighteen)

**Parent/Legal Guardian(s) Name (print)** \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_

**Witness (Notary Public)**

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me came \_\_\_\_\_, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he executed the same.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Stamp

When, in the physician's judgment, an emergency exists and your child is in immediate need of medical attention such that any delay in treatment would result in increased risk to your child's life or health, parental consent will not be required. In all other cases, no treatment will be provided until parental consent is obtained. For those situations in which other than a "true emergency" exists, you can avoid unnecessary anxious moments for your child by making sure that the person in whose care you left the children knows where you can be reached while you are away from home or, for those times when it would be difficult to contact you, you can authorize other adults to give permission for necessary medical or dental care for your child.

This is a legal document. With it you may appoint other adults to consent to medical treatment for your minor children when you cannot be reached to give such consent. You can appoint relatives, friends, teachers, clergy, and neighbors or anyone who is over eighteen years of age and who can be responsible for your children when you are away from them. This is especially important for times when you know it will be difficult to reach you.

Fill out this form, or one similar to it, and give it to the adult(s) who can be responsible for your child while you are away. If your child needs medical or dental attention, the responsible adult should present this document to the appropriate person or physician, hospital representative or dentist. The responsible adult may then consent to treatment, which, in the physician's judgment, should not wait until you are available to consent in person. This form does not authorize that appointee to give consent to elective medical or dental treatments.

**NOTE: THIS FORM MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.**

# English Rose Day School – Activity Authorization

## Activity Release Authorization

I hereby give permission for my child \_\_\_\_\_ (Child's Name), to use all of the play equipment and participate in all of the activities as designed and implemented by English Rose Day School.

Signed by Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Picture Release Authorization

I hereby give permission for my child \_\_\_\_\_ (Child's Name), to be photographed and/or videotaped whilst involved in activities connected with the program at English Rose Day School. No commercial use will be made of these photographs or videotapes without further consent.

Signed by Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Kindly note: We will from time to time take photographs of the group, or individual children for printing in the local newspaper. The newspaper does request that we give them each child's name along with the photographs. We find that children get a sense of pride and belonging by seeing their pictures in the newspaper. We also use videotape from time to time as a learning tool and we use videos of the children engaged in learning activities in order that they have the opportunity to observe themselves on TV in order to increase their confidence and self-esteem.

## Parental Involvement

If you have any special talents, skills or interesting ideas which you would be willing to share with the children, please indicate them below, so that we may contact you.

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Thank you for your help and cooperation in making our school a special one for your children!

**OPTIONAL:** Every year, the National Center for Education Statistics of the US Department of Education requests information about our students. Please fill in the following information

Child's Ethnicity:

\_\_\_ Hispanic, regardless of race

\_\_\_ White, not of Hispanic origin

\_\_\_ Black, not of Hispanic origin

\_\_\_ Asian or Pacific Islander

\_\_\_ American Indian or Alaska Native

## English Rose Day School – Child Questionnaire

Please take a few minutes to answer the questions below. This will help us get to know your child better.

Child's Name: \_\_\_\_\_ (as you want him/her to be called at school)

1. Please list the names and ages of your child's brothers and sisters, as well as household members.
2. Has your child previously attended pre-school or day care?
3. Does your child have any health problems or allergies?
4. Does your child have any difficulties with speech?
5. Does your child receive services such as speech, PT, or OT?
6. Has your child been evaluated for early intervention services?
7. Is your child afraid of anything?
8. What responsibilities does your child have at home?
9. What forms of discipline do you use at home?
10. What holidays are celebrated at your home?
11. Does your child have any special bathroom needs?
12. What expectations do you have for this year? What specific things would you like to see happen this year?
13. If your child is reading, how did he/she learn and how long has he/she been reading?
14. Does your child have anything he/she is really interested in that we might be able to incorporate into our program (i.e. dinosaurs)?
15. Is there anything special you would like us to know about your child?

Please use the back or additional paper to provide us with any other information that you would like to share with us in order for us to know our child better prior to the start of school.