

**LEARNING COMMUNITY DAY SCHOOL**  
**EMERGENCY FORM**

DATE OF ENROLLMENT: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL: \_\_\_\_\_

1) PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT'S WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENTS EMAIL \_\_\_\_\_

PARENT'S WORK ADDRESS: \_\_\_\_\_

2) PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT'S WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENTS EMAIL \_\_\_\_\_

PARENT'S WORK ADDRESS: \_\_\_\_\_

\*CHILD'S PEDIATRICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

KNOWN FOOD ALLERGIES: \_\_\_\_\_

KNOWN MEDICAL ALLERGIES: \_\_\_\_\_

KNOW HEALTH CONDITIONS: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMERGENCY PERMISSION:**

If I cannot be reached in an emergency, the following people have my permission to remove and transport my child from the school to home if necessary. **This is for emergency use only.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

I / We, grant permission for the staff to take whatever procedures necessary to obtain emergency medical attention if warranted, in my absence. The procedures may include, but are not limited to the following:

1. Administer First Aid
2. Call 911
3. Attempt to call the child's parent or guardian
4. Attempt to call the child's pediatrician
5. Attempt to call the emergency back-up person listed
6. If we cannot contact the parent/guardian or physician, we will do the following:
  - a. Continue administering First Aid
  - b. Call 911 and wait for emergency crew to arrive while continuing care
  - c. Have child taken to the Hospital in the company of a staff member, in an ambulance or in a staff vehicle if necessary
  - d. Remain with the child until parent or guardian has arrived to take control of the situation

Any expenses incurred under #6 above, will be the responsibility of the child's family.

It is understood that in some medical situations, the staff will need to contact the local emergency resources before calling the parent, child's physician or other adults acting on the parent's behalf.

Unless revoked by me, this permission shall be valid as long as my child,  
\_\_\_\_\_ is enrolled in the Learning Community Day School.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# LEARNING COMMUNITY DAY SCHOOL

## PICK-UP INFORMATION

Your Child's Name: \_\_\_\_\_

If you intend to carpool your child home, or if someone other than the child's parents will be picking him or her up frequently, please indicate the names below:

|    | Name  | Relationship | Phone | Cell Phone |
|----|-------|--------------|-------|------------|
| 1. | _____ | _____        | _____ | _____      |
| 2. | _____ | _____        | _____ | _____      |
| 3. | _____ | _____        | _____ | _____      |
| 4. | _____ | _____        | _____ | _____      |
| 5. | _____ | _____        | _____ | _____      |

**\*PLEASE NOTE: If you wish your child to be picked up by anyone other than your regular carpool, please notify the school in writing.**

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

Date: \_\_\_\_\_

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### TRIP PERMISSION

I give permission for \_\_\_\_\_ to attend outings planned by the teachers of the Learning Community Day School within walking distance of 90 Hillspoint Road, Westport, CT. Should classes participate in field trips beyond the school premises parents/guardians will be notified in advance and permission requested.

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

Date: \_\_\_\_\_