



The Presbyterian Church Nursery School

The Parish House, 65 South Street, Morristown, NJ 07960

Phone: (973) 540-1114

EMERGENCY CONTACT FORM

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under item 4 above, will be borne by the child's family.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

PLEASE PROVIDE TWO NAMES and Return this form to the Center.

Persons authorized to pick up child and/or contact in case of emergency if **neither** parent is available:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell # _____	Cell # _____
Home # _____	Home # _____
Address: _____	Address: _____