



School Use Only:

YEAR:

CLASS:

**Grace Church School 254 Hicks Street, Brooklyn, NY 11201**

**EMERGENCY INFORMATION**

Child's Name ..... Date of Birth .....

Address .....

City..... State ..... Zip ..... Home Phone .....

1. Parent's Name..... Cell Phone ..... Work Phone .....

Place of Employment ..... Address.....

2. Parent's Name..... Cell Phone ..... Work Phone .....

Place of Employment ..... Address.....

Regular Care Giver's Name..... Cell Phone.....

E-Mail for Regular School/Family Communication .....

E-Mail for School Emergency Communication .....

Names & Classes of Siblings at GCS This Year .....

Local Emergency Contacts:

1. Name ..... Relationship ..... Phone .....

2. Name ..... Relationship ..... Phone .....

3. Name ..... Relationship ..... Phone .....

**MEDICAL INFORMATION AND TREATMENT CONSENT**

Pediatrician ..... Address..... Phone.....

Pertinent Medical History .....

Allergies .....

In the event of a medical emergency requiring immediate care, I give Grace Church School permission to seek facilities other than those of my child's regular physician.

Signed..... Date.....

**SCHOOL TRIP PERMISSION**

I give my child, .....permission to go on local walking trips with his/her class from Grace Church School.

Signed..... Date.....