

Parent Permission Form Emergency & Evacuation

This form will be taken for each field trip or to the emergency evacuation site.

For emergency purposes, we have your permission to evacuate the premises. Our emergency evacuation site is: Porter Elementary for Columbia and Marlborough Elementary for Marlborough.

Signature: _____

Date: _____

Emergency Contact

Please place in order of preference

1. Name: _____	Relationship: _____	Daytime#: _____
2. Name: _____	Relationship: _____	Daytime#: _____
3. Name: _____	Relationship: _____	Daytime#: _____
4. Name: _____	Relationship: _____	Daytime#: _____

Authorization for medical treatment of a Minor

In the event of an emergency requiring a physician's care, do you wish us to call your family Physician? _____ Yes (If yes, see below) _____ No

Name: _____ Telephone Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

I (we), _____ and _____, do hereby state that I am (we are) the parents(s) or legal guardian(s) of _____, a minor, age _____ born on _____, who resides with me (us) at _____

I (we), _____ authorize, for emergency purposes only, any designated employee of the center to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general supervision, and the advice of any physician or surgeon licensed to practice medicine in the State of Connecticut.

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs or foods: _____

Please list any special medications or pertinent information _____

Authorization

Parent's Signature: _____ Date: _____

Legal Guardian: _____ Date: _____