



The Shoshana S. Cardin School 2010-2011 Blanket Permission Slip

I give permission for my child _____ to participate in the programs sponsored by The Shoshana S. Cardin School. This permission slip is valid for all activities held within the confines of the regular school day. I understand that Cardin faculty members supervise all events. Specific information regarding each field trip will be provided prior to events. *Special events and field trips that begin before 8:00am or extend beyond 4:15pm may require additional permission forms.* In the event of an emergency, I give permission to the Shoshana S. Cardin School faculty to seek appropriate medical attention for my child. Every attempt will be made to notify me immediately of such an emergency. I understand that while Cardin faculty will do their best to insure my child's safety, they cannot take responsibility for any injuries to my child that are beyond their reasonable control.

Name of Parent or Guardian

Signature

Date

Child's name (first)

(middle)

(last)

(birth date)

Address

EMERGENCY CONTACTS

Name of Parent or Guardian

Daytime Phone Number

Name of Parent or Guardian

Daytime Phone Number

If Parents Cannot be Reached

Additional Contact: _____

Name

Relationship

Phone Number

MEDICAL INFORMATION

Name of Insurance: _____ Name on Policy: _____

Group Number: _____ Member Number: _____

Allergies: _____ Medications Used: _____

Known Medical Problems/Conditions: _____

Preferred Treatment Facility: _____