



# My First School

A Cooperative Experience

At the Floral Park United Methodist Church  
35 Verbena Ave. Floral Park, NY 11001 myfirstschoolfp.org 516.354.0138  
FAX # 516-354-6215

## Emergency Contact Information

Name of Child	Class	DOB
Home Address	Home Phone	
Parent/Guardian #1 Daytime Phone	Cell Phone *PRIMARY*	
Parent/Guardian #2 Daytime Phone	Cell Phone	
Pediatrician's Name	Pediatrician's Phone Number	

### Persons to contact in case of an emergency besides a parent who will be called first:

Name	Relationship	Phone Number

In the event that you are unable to pick up your child, please notify the teacher.

### List below any persons authorized to pick-up your child:

Name	Relationship	Phone Number

## Consent for Emergency Medical Treatment

If \_\_\_\_\_ should require medical attention due to accident or illness during school hours, and neither parent nor the family doctor can be reached, I HEREBY give my permission to have emergency treatment administered by any physician available to the school. In addition if they are to take such further action for my child, in the event that I am not readily available to do such deed, hereby ratifying and approving all such efforts on his/her part.

\_\_\_\_\_ Date

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

Who is your primary daytime caregiver? This is a person we would call in the event your child needs attention while in school. It might be you, a nanny or a babysitter, but needs to be someone who is available while your child is in class.

### **This is especially important when both parents are working.**

\_\_\_\_\_ Contact me at the phone number shown above.

\_\_\_\_\_ Call the person listed below:

Contact name: \_\_\_\_\_ Phone number during school hours: \_\_\_\_\_