

**Winston Preparatory School**

30 Deforest Road • Dix Hills, NY 11746

PARENT INFORMATION AND EMERGENCY CONSENT FORM 2018-2019

This is a confidential form that provides us with updated information regarding your child’s emergency contact information, as well as your permission for your child to participate in class trips and outings. **Please return this form prior to the start of school.**

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency 1. \_\_\_\_\_ Phone: \_\_\_\_\_

Contacts:  
2. \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist or therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

With whom does your child reside? Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Other \_\_\_\_\_

If the child resides with one parent, are there any restrictions on calling the other parent? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes please explain:* \_\_\_\_\_

**CONSENT TO EMERGENCY CARE**

I, \_\_\_\_\_, hereby give permission for the school staff to administer First Aid to my child, and in case of a medical emergency, have him/her taken to the nearest hospital by a member of the Winston faculty or staff and to have the emergency staff of that hospital administer whatever medical or surgical treatment and/or x-ray examination the student may need.

\_\_\_\_\_  
Parent/Guardian Signature Date

**CONSENT FOR EMERGENCY RELEASE**

In the event of an emergency where there is an interruption of communication – phone, electronic or otherwise – and we are unable to speak with you directly, please provide us with the name of an individual who lives locally and will be responsible for picking up your child from the school premises.

\_\_\_\_\_  
Print Name of Responsible Individual Contact Information

\_\_\_\_\_  
Parent/Guardian Signature Date