

INTERNATIONAL ACADEMY OF ARTS AND SCIENCES

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⑦ EMERGENCY POLICY & CONSENT

Child's Name: _____ (Male / Female)

Date of Birth: _____

Home Address: _____

Home Phone Number: _____

Child's Doctor's Name and Phone: _____

Hospital of Choice Name and Phone: _____

Order of Contact	Name of Emergency Contact Person and Relationship to Child	Home or Business Phone and Cell Phone
1		
2		
3		

I hereby give consent to the enrollment of the child named above in this facility and have been advised of all policies regarding fees, transportation and services provided by this facility and the New Jersey Department of Social Services regulations under which it operates. I agree to call the facility by 9:00 am on any day the child will be absent.

I give consent for this child to participate in and travel to field trips and excursions outside of this facility under proper supervision of facility employees. I acknowledge that school insurance will cover the child only during school hours or while on a school-sponsored trip and that I am responsible for my child before drop-off and after pick-up from facility.

In case of accident or injury, every attempt will be made to contact me or my authorized alternate designated above. However, in the event I or my alternate cannot be reached in a timely manner, I consent for emergency medical care to be given to this child, including transporting to your hospital of choice or the nearest hospital.

I certify that I have provided pertinent information regarding this child's medical condition(s) to assist the facility and any emergency medical caregivers in treating this child.

Signature: _____

Date: _____

Relationship to this Child: _____