

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give St. Nicholas School, Inc. and its employees / chaperones the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by the St. Nicholas School employees/chaperones. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve St. Nicholas School, Inc. and its employees/chaperones from liability in acting on my behalf in this regard so long as the school and its employees/chaperones are not grossly negligent.

Signature of parent/guardian: _____

Date: _____

Parent's home phone # _____ Parent's home phone # _____

Parent's home phone # _____ Parent's home phone # _____

Parent's home phone # _____ Parent's home phone # _____

Health/Accident Insurance Company _____

Policy/Group/ID Number _____

In case of emergency when parents cannot be reached [please list in order of preference]

1. Name _____ relationship _____
phone [s] _____

2. Name _____ relationship _____
phone [s] _____

My son/daughter _____ (name) has my permission to travel to Mentone, AL, and I will be responsible for his/her return expenses in case that he/she exhibits behavior which is incompatible with St. Nicholas School standards.

Signature of parent/guardian _____ Date _____

* The Medical Release Form on file in the cottage will accompany your child. This sheet is a precaution against changes in insurance, phone number, and emergency contacts.