

**The Country School
To Be Completed By Parent or Guardian**

Child's Name _____ Date of Birth ___/___/___ Age _____

Parent Name _____ Phone # _____ Cell # _____

Parent Name _____ Phone # _____ Cell # _____

Please list the people who are allowed to pick up your child:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

4. _____ Phone # _____

Emergency Contacts other than parent or Guardian:

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

I hereby give permission for my child _____ to receive medical attention if needed. I give my consent for my child to attend any scheduled field trips. I understand that it is my responsibility to provide a car seat or booster seat for my child during a field trip.

Parent or guardian signature _____

