

**WESTCHESTER SCHOOL FOR SPECIAL CHILDREN**  
**EMERGENCY INFORMATION AND ACTIVITY CONSENT**  
**Informacion Para Emergencia y Consentimientos De Actividades**

CHILD'S NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PARENT/GUARDIAN NAME \_\_\_\_\_ CELL # \_\_\_\_\_ HOME # \_\_\_\_\_  
 CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**EMERGENCY NAME/PHONE # AND RELATIONSHIP MUST BE PROVIDED:**

Contact Name: (No. 1) \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Contact Name (No. 2) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Insurance # \_\_\_\_\_ Medicaid # \_\_\_\_\_  
 Medication \_\_\_\_\_ Tylenol Release ( ) YES ( ) NO  
 Allergies: \_\_\_\_\_

**ACTIVITY CONSENT**

Please place your **initials** next to each of the following indicating that you give your consent and please sign where indicated.

\_\_\_\_\_ I hereby give permission to WSSC to include my child on trips that may be provided during the program year, (unless otherwise stated in writing on each individual trip notice). I also hereby release WSSC from responsibility should an accident occur involving my child, for which WSSC has not shown legal negligence.

\_\_\_\_\_ I give permission for my child to be transported by the WSSC vehicles for the purposes of participating in the prevocational program *As an important part of your child's education, he/she has the opportunity to participate in the school's pre-vocational program. By engaging in a variety of activities, some of which take place off school grounds, your child has the opportunity to gain valuable work experience. Some of these off site opportunities include shopping for ingredients for the meals in which they prepare at stores such as Costco, Restaurant Depot and Shop Rite. Your child may also have the opportunity to volunteer at local businesses/agencies such as AFYA, etc.*

\_\_\_\_\_ If the child's teacher or instructor has not been able to reach me through the phone numbers above, I hereby authorize him/her to take my child to the nearest hospital or doctor for emergency service, should the nurse/teacher deem it necessary and I will accept the charges that may be incurred by these actions.

\_\_\_\_\_ I give permission to have photographs, video tapes (TV), or motion pictures taken of my child while he/she is attending WSSC. I understand that these materials may be used in educational presentations describing the activities of the school and give my permission to have these materials distributed publicly for the purpose of educating others to the functions of the school.

\_\_\_\_\_ I give permission for the use of audio and/or visual recording methods for diagnostic, therapeutic, or training purposes.

\_\_\_\_\_ Date

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

\_\_\_\_\_ Print Name

\_\_\_\_\_ Relationship