

## Emergency Contact Form 2010-2011 School Year

## Permissions 2010-2011 School Year

*Please initial each item and sign at the bottom of the page.*

*Central Park School for Children  
724 Foster Street, Durham NC 27701*

TEACHER

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

IN CASE OF EMERGENCY we will attempt to contact, in this order:  
(at least one must be a parent or guardian)

Person 1 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Person 2 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Person 3 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Person 4 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Doctor's name \_\_\_\_\_

Doctor's phone \_\_\_\_\_

Please indicate briefly if any of the following apply to your child.  
CPSC will contact you to request more information.

- Allergies (food, medicine, bee stings, etc.)
- Chronic Conditions (diabetes, asthma, epilepsy, etc.)
- Other Health or Behavior Issues  
(sensory reactions, short temper, biting, etc.)
- Medication — Please ask about our policy for medication at school.  
We must have a medication permission form on file, and students are not allowed to have medication with them at school.

FIRST NAME

STUDENT LAST NAME (PRINT)

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

### PROPERTY

By signing below, I understand that I am financially responsible for any CPSC property lost or damaged by my child. This includes, but is not limited to, books, calculators, classroom furniture, bathroom facilities, walls, doors and windows. At the time damage or loss occurs, a CPSC representative will contact me to discuss fair compensation or replacement. I will also discuss this with my child.

Please initial: \_\_\_\_\_

### WALKING FIELD TRIPS

My child, named above, has permission to attend all walking field trips planned by CPSC faculty for the school year noted above. Trips are supervised by class teachers and may include Trinity Park, Durham Public Library, Duke East Campus, YMCA, and the Scrap Exchange.

Please initial: \_\_\_\_\_

### PHOTOGRAPHY RELEASE

I grant permission to CPSC to photograph my child, named above, during the school year noted above. CPSC may use these photos in brochures, on the CPSC website and in other promotional materials. Per CPSC policy, my child will not be identified by name in any publication.

Please initial: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

PLEASE FILL OUT BOTH SIDES OF THIS FORM

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