



WILSON NURSERY SCHOOL  
 691 Windsor Avenue  
 Windsor, CT 06095  
 (860) 683-2326

**2010-2011 School Year – LEGAL RELEASE FORM**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Parents' Name (s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address \_\_\_\_\_  
 \_\_\_\_\_ Home phone: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_  
 Father's cell phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_  
 Father's Work Address: \_\_\_\_\_ Mother's Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I give the following persons permission to TRANSPORT my child to and from Wilson Nursery School:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event that neither parent can be reached during school hours, I authorize Wilson Nursery School to contact the following people and grant those people the right to exercise parental responsibility:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give my permission for my child to accompany Wilson Nursery School teachers on short walks in the immediate area in a radius of 1 mile of WNS; have pictures taken for in-school purposes; have student teachers occasionally observe classes and release my name, address and phone number for school use only.

**In the event of an EMERGENCY, if I cannot be immediately reached, I authorize Wilson Nursery School (WNS) to transport and obtain medical treatment for my child.**

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE DATE

**MEDICAL INFORMATION**

ALLERGIES: \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DENTIST: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SPECIALIST: \_\_\_\_\_ Phone: \_\_\_\_\_  
 HOSPITAL PREFERENCE: \_\_\_\_\_  
 INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_