



Emergency Contact/Permission Form

 Child's Name Birth Date Street Address City State Zip

1. _____
 Parent/Guardian Name Employer (if applicable) Preferred Email

 Cell Phone Business Phone Other Phone

2. _____
 Parent/Guardian Name Employer (if applicable) Preferred Email

 Cell Phone Business Phone Other Phone

Known Allergies: _____

My child is a vegetarian: Yes ___ No ___

Diseases child has had (yes/no): Measles ___ Mumps ___ Chicken Pox ___

German Measles ___ Whooping Cough ___ Other: _____

List two people we can contact in case of emergency if we are unable to reach you:

Name _____ Phone _____

Name _____ Phone _____

The following persons (besides parents/guardians listed above) have permission to pick up my child at the end of the school day. For security purposes, please inform those picking up on a regular basis to have their Iris's scanned in 1 McBryde.

1. Name: Phone: 2. Name: Phone:

3. Name: Phone: 4. Name: Phone:

I give my permission for my child to:	Yes	No
Go on walks and field trips under the supervision of the Macfeat Staff		
Be photographed, videotaped, and audiotaped for teacher training purposes, for publications, and websites involving Winthrop University and Macfeat Laboratory School.		
Be involved in research projects carefully reviewed and approved by the appropriate Winthrop University committees. These may include such activities as observation, assessment, and individual or small group instruction. Approved projects must be pleasant and educationally valuable for the children.		
Be given emergency medical care deemed necessary by a physician if I and my emergency contacts cannot be reached.		
To be photographed or videotaped for posts on social media PRIVATE to your child's classroom families only.for posts on Instagram (private to your child's classroom families only).		

 Parent/Guardian Signature

 Date