



GLOBAL ROOTS PLAY SCHOOL
EMERGENCY CONTACT and pickup INFORMATION



Child's Name: _____

Parent Name	
Phone	
Email	
Alternate phone	

Parent Name	
Phone	
Email	
Alternate phone	

Who can we call if we cannot reach you if your child is sick or hurt and who can pick up your child-

Contact #1 Name	
Phone	
Alternate phone	

Contact #2 Name	
Phone	
Alternate phone	

Additional name:	
Phone	
Alternate phone	

Additional name:	
Phone	
Alternate phone	

Signature of Parent/Guardian

Date



402 North Aurora Street, Ithaca, NY 14850
www.globalrootsplayschool.org
director@globalrootsplayschool.org



CONSENT FOR EMERGENCY TREATMENT OF CHILD IN ABSENCE OF PARENT(S) or
LEGAL GUARDIAN

Please print all information in the spaces below.

I, _____ (*parent's name*), parent or legal
guardian of _____ (*child's name*), born
_____ (*Day/Month/Year*), give my consent for my child to receive any
emergency medical care that doctor(s) or other medical professionals have decided
is necessary for my child's health, while my child is under the care of Global Roots
Play School Teachers.

This consent is valid when I am not available to give my consent to the hospital,
doctor(s) or other medical professionals by telephone.

This consent is valid from September 12, 2022 to June 30, 2023.

_____ Signature of Parent or Legal Guardian



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GLOBAL ROOTS PLAY SCHOOL & ITHACA WELCOMES REFUGEES COMMUNICATIONS FORM

Global Roots Play School (GRPS) and Ithaca Welcomes Refugees (IWR) use newspapers, email, websites, and flyers to share news about our school, share information about events, fundraising activities and advertise about enrollment to new families.

We are asking for your agreement to use your or your child's pictures, writing, photo or video image in our newsletters, email, websites, and flyers. We will only use first names. No other information about your family will be used without your permission

Child's Name (PRINT): _____

Other children in family I give permission to use pictures of (PRINT):

Parent/Guardian 1 Name (PRINT) _____

Parent/Guardian 2 Name (PRINT) _____

PLEASE CHOOSE ONE -

- GRPS/IWR **CAN** use pictures, writing, photo, or video of me or my children.
- GRPS/IWR **CANNOT** use pictures, writing, photos, or video of me or my children.

Signature of Parent/Guardian

Date



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GLOBAL ROOTS PLAY SCHOOL
WALKS/FIELD TRIP PERMISSION FORM

Child's Name: _____

My child has permission to go on walks in the neighborhood or participate in walking field trips organized by the Global Roots Play School.

Name (please print)

Signature of Parent/Guardian: Date:



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Global Roots Play School Contact Information

I give permission for Global Roots Play School to share the following contact information with other parents:

Parent 1 name: _____

Email: _____

Phone: _____

Address: _____

Parent 2 name: _____

Email: _____

Phone: _____

Address: _____

Child Name (please print)

Signature of Parent/Guardian

Date



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GLOBAL ROOTS PLAY SCHOOL Consent to share information

Please share communications from the school with the following people (ie Sponsor, Response Project lead at IWR etc, other agency,etc)

Signature

Date