

First Aid Permission/ Ethnic Background
2015 - 2016

#5

___ I/We the Parents/Guardians **give** permission to Ursuline Preschool to administer First Aid to our child in case of an emergency.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

___ I/We the Parents/Guardians **do not give** permission to Ursuline Preschool to administer First Aid to our child in case of an emergency.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Date of Last Physical: _____

Date of next Scheduled Physical: _____

(must be within 30 days of the first day of school.)

Ethnic/Religious Background:

1. Is this Student Hispanic/Latino? ___Yes ___No

2. What is the student's race?

Black___ White___ Hispanic___ Asia/Pacific Islander___ Multi-Racial___ Asian_____

Remarks: _____

3. Religion: Catholic_____ Non-Catholic_____

Church: _____

(Ethnic Background)