First Aid Permission/ Ethnic Background

Ursuline Preschool and Kindergarten ***#5***

2016 - 2017

___ 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 for 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: *(Must be within one year)* ______________________________

Date of next Scheduled Physical: ____

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

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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)