WESTMINSTER COLLEGE

Home Of The Diplomats

Consent and Contact Form

This form is to be completed and signed by the student's parent or *legal* guardian

Name of Student: _____
First Middle initial Surname

Student's ID# _____ Academic Year: **2010-2011**

Grade: _____ Relationship to student: Mother [ ] Father [ ] Legal Guardian [ ]

In the event the above named student is injured or ill, I understand that the authorized agent of this institution will attempt to contact me, the other parent, or the legal guardian at the telephone number(s) provided below.

Parent's (legal guardian's) name: _____
First Middle initial Surname

Telephone numbers: _____ (Hm) _____(B)_____(other)

E-mail address:_____ Occupation: _____

Information of second contact person:

Relationship to student: Mother [ ] Father [ ] Legal Guardian [ ] Other – specify [ ]

Parent's (legal guardian's) name: _____
First Middle Surname

Telephone numbers: _____ (Hm) _____(B)_____(other)

E-mail address:_____ Occupation: _____

In the event that I am not available or the other person listed is also not available, I give permission to the institution's agent to provide first aid to the student named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to a medical facility: The Princess Margaret Hospital, Doctors' Hospital or a Walk-In Clinic. (*At no time will the institution's agent drive an ill or injured child to an emergency medical facility unless accompanied by another adult.)*

Signature: _____ Date: _____

Please send this form directly to:
The Admissions Office

Blake Road & R. E. Cooper Boulevard •P. O. Box N-8572 •Tel: 327-3622/327-1848•Facsimile 327-4588• New Providence, Bahamas