

Amherst Nursery School Emergency Medical Authorization

Part I OR Part II must be completed and SIGNED BY BOTH PARENTS

Student Name _____ Date of birth _____ Class _____
Age Level _____ Days Attending _____

PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me at (Phone #) _____ or (other parent/guardian) at (Phone #) _____ have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. (Physician) _____ at (Physician phone #) _____ or Dr. (Dentist) _____ at (Dentist phone #) _____ or, in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to (Hospital) _____ or any hospital reasonably accessible. I also agree that in case of injury to my child requiring medical attention that my accident and hospitalization (Name of Insurance Company) _____ will be used to pay any expenses connected with that injury. PERTINENT MEDICAL FACTS (allergies, physical impairment, etc) _____.

BOTH PARENTS MUST SIGN below to grant consent

Signature _____ Date _____

Signature _____ Date _____

PART II – REFUSAL TO CONSENT (do not complete if you completed PART I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to: _____

BOTH PARENTS MUST SIGN below to refuse consent

Signature _____ Date _____

Signature _____ Date _____

Emergency Contact Information

Home address _____ Home phone # _____
Number and Street Town

Student resides with: ___Mother ___Father ___Both Other _____ Is texting an option for emergencies? _____

Mother's full name _____ Cell phone _____ Work phone _____

Father's full name _____ Cell phone _____ Work phone _____

Please list below, in order of preference, the persons you wish us to contact in an emergency when parents cannot be reached and please indicate if they are authorized to pick up your child. Names may be added or deleted at any time.

Name	Relationship	Primary phone	Second phone	Pick up Auth (Y or N)
1. _____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
2. _____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
3. _____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
4. _____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
5. _____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N