

# Amherst Nursery School Emergency Medical Authorization

Part I OR Part II must be completed

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

Serious allergy or medical condition \_\_\_\_\_ Student resides with: \_\_\_Mother \_\_\_Father \_\_\_Both Other \_\_\_\_\_

Mother's full name \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_

Father's full name \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of employment \_\_\_\_\_ 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.

<u>Name</u>	<u>Relationship</u>	<u>Primary phone</u>	<u>Second phone</u>	<u>Pick up Auth (Y or N)</u>
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