nassau
nursery school

EMERGENCY TREATMENT FORM

Child's Name: _____

Date of Birth: _____

I, the parent of the above named child, give permission for emergency treatment as the doctor considers necessary in the event of an illness or an accident. The school reserves the right to call my physician for consultation, if necessary.

Parent Signature _____ Date _____

Address _____

_____

Phone (home) _____

Phone (cell) _____

Phone (work) _____

Allergies: (check one) Yes _____ No _____

If "Yes", please explain: