



Emergency Medical Authorization and Consent

I/we understand that every effort will be made to contact me/us in the event of an emergency requiring medical attention for my/our child

_____.

If I/we cannot be reached I/we understand that the emergency contacts listed on my/our child's Emergency Contact Form will be called. However, I/we hereby authorize The Nursery at Our Lady of Sorrows School to call an ambulance to transport my/our child to a hospital or medical facility and to secure for my/our child the necessary medical treatment. In the event that I/we cannot be contacted, I/we further consent to the medical, surgical, and hospital care treatment and procedures be performed for my/our child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my/our child's health.

I/we understand the faculty at The Nursery is trained in the basics of first aid and CPR and I/we authorize them to give my/our child first aid or CPR if deemed necessary.

Child's physician: _____

Physician's phone number: _____

Physician's address: _____

Preferred hospital: _____

Hospital address: _____

Medical insurance: _____

Insurance numbers: _____

Date of last tetanus: _____

Allergies: _____

ALL CUSTODIAL PARENTS/GUARDIANS MUST SIGN:

Father's name: _____

Father's signature: _____ Date: _____

Mother's name: _____

Mother's signature: _____ Date: _____