

Child's Name: _____

School: _____

Emergency Medical Authorization And Emergency Contact Form

I hereby authorize emergency medical care for my child _____ during attendance at the BAS program if, in the judgement of the staff, treatment is required for an injury or illness. I hereby authorize the administration of anesthetics and recourse to other procedures deemed necessary by the attending physician. I hereby authorize the staff of The Nest Daycare and Learning Center, Inc., to administer first aid should it become necessary while my child is in their care. I hereby authorize the staff to have my child transported by ambulance from the premises in a medical emergency.

I understand that whenever possible, I will be notified of the medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

Parent/Guardian Signature

Date

PARENTS

Mother

Name	_____	Home Phone	_____
Home Address	_____	Email	_____
Town	_____	Work Phone	_____
Employment	_____	Cell Phone	_____
Work Address	_____		
Work Town	_____		

Father

Name	_____	Home Phone	_____
Home Address	_____	Email	_____
Town	_____	Work Phone	_____
Employment	_____	Cell Phone	_____
Work Address	_____		
Work Town	_____		

Guardian

Name	_____	Home Phone	_____
Home Address	_____	Email	_____
Town	_____	Work Phone	_____
Work Address	_____	Cell Phone	_____
Work Town	_____		

DOCTORS

Child's Private Pediatrician _____ Phone _____

Child's Private Dentist _____ Phone _____

Hospital of Choice _____

Please list any known allergies: _____

EMERGENCY ADULT CONTACT ** Must be an adult, 18 years of age or older

Name / Relationship	_____	Home Phone	_____
Work Phone:	_____	Cell Phone:	_____

Name / Relationship	_____	Home Phone	_____
Work Phone:	_____	Cell Phone:	_____

I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. Please make certain that these emergency contacts are aware of their responsibility and are willing to pick up your child if necessary. It is the sole responsibility of a parent to notify staff when an emergency contact or doctor telephone number changes. It is of utmost importance in case of emergency to have correct numbers.

WE CALL 911 IN AN EMERGENCY