

# LITTLE FLOWER NURSERY SCHOOL

## CONSENT FORM FOR EMERGENCY MEDICAL TREATMENT

**PLEASE PRINT AND COMPLETE FULLY**

I have read and understand the Emergency First Aid Procedures as stated on the attached form, and consent to the procedures described.

**CHILD:**

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_  
first and last name

Birth Date:    Month:            Day:            Year:

Home Address: \_\_\_\_\_

**MOTHER:**

First and last name of mother: \_\_\_\_\_

Telephone/s: Home \_\_\_\_\_ Business: \_\_\_\_\_ Other/Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**FATHER:**

First and last name of father: \_\_\_\_\_

Telephone/s: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Other/Cellular: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

In case of a major accident, injury or illness requiring immediate medical or surgical care, I authorize Little Flower Nursery School staff to act on my behalf, provided they have tried to contact me and notify me of the situation. If I am unavailable, I hereby authorize:

**OTHER EMERGENCY CONTACT:**

\_\_\_\_\_  
Name(Other than parent or guardian)                      Relationship to child

Day time telephone: \_\_\_\_\_ Daytime Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**PHYSICIAN:**

Child's physician (Name, address and telephone):

Emergency Information regarding allergies or special needs of child:

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/day/year