INTERCOMMUNITY NURSERY SCHOOL

Emergency Treatment Consent Form

Child’s Full Name (First, MI, Last) Home Phone Sex Birth date (MM/DD/YY) Program

Address Apt City State Zip Code

In the event of an accident or illness requiring emergency medical treatment for my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if the school is unable, after diligent effort to locate either parent or the person designated as the alternate for such purposes (in writing filed with the school), I hereby authorize the school to engage emergency medical treatment for my child and hereby exonerate the school from all liability, provided it shall have used reasonable care in selecting medical personnel to render such emergency treatment.

This consent form is valid for the period of time in which my child is enrolled as a student at InterCommunity Nursery School.

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Parent/Guardian Signature Parent/Guardian Signature Date