

Consent for Medical Treatment

As the parent, agency representative, or legal guardian, I hereby give consent to Peter Pan Nursery School to provide all emergency medical or dental care prescribed by a duly licensed physician or dentist for _____.

(child's name)

This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent:

(date)

(parent / agency representative / guardian signature)

(home address)

(home phone)

(work phone)

Pertinent Information

Pediatrician: _____ Phone: _____

Insurance Carrier: _____ Card / Group Number: _____

Preferred Hospital: _____

Known Medication Allergies (or "None"): _____

If I cannot be reached, please contact: _____

Relationship to child: _____ Phone: _____

In a life-threatening situation,
I would like a member of the following clergy to be present (or "None"): _____