



Greenwich Nursery School

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Authorization for Pediatric-Emergency Medical and/or Surgical Treatment

Explanation: It is the firm hope that the authorization granted on this form will never need to be used for the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will only be used only when absolutely necessary and only after every attempt has been made first to contact the parent. Please indicate below four emergency numbers at which we may be able to reach one of the parents or obtain information as to their whereabouts. We find that doctors and hospitals refuse to give treatment, regardless of how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate treatment.

Authorization

In the event my child requires medical care. I hereby authorize the doctor and/or doctors and/or _____ **Hospital** to which my child may be brought to perform all necessary procedures and render and indicated treatment while my child is under the jurisdiction of Greenwich Nursery School.

Signed _____ Date _____

Parent's Name _____

Relationship to child _____

Business Phone# _____

Name of Child _____

Address _____

Medical insurance company _____

Insurance company address _____

Policy Number# _____ Name on policy _____

Mother's Home # _____ Father's Home# _____

Business # _____ Business # _____

Cell # _____ Cell # _____