



**East Hampton Nursery School
P.O. Box 135, 111 Main Street
East Hampton, CT. 06424
(860) 267-2681**

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize emergency medical care for my child,

while in attendance at East Hampton Nursery School, if in the judgement of the staff, treatment is required for an injury. I also hereby authorize any treatment deemed necessary by the attending physician.

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

I understand that I am financially responsible for any expenses for medical care of transportation incurred on my child's behalf. The policy of East Hampton Nursery School in an extreme emergency is to call "911".

I prefer you attempt to contact:

Dr. _____ Phone # _____

My child is **allergic** to the following medications and anesthetics:

Parent Signature

Date