



Emergency Card/Medical Treatment Authorization/Field Trip Permission Form

Field Trip Permission:

I hereby grant permission for my child, _____ to attend Village Cooperative Nursery School field trips.

Parent Signature: _____ Date: _____

Child's Known Allergies & Treatment:

Pediatrician's Name: _____

Phone Number: _____

Pediatrician's Address: _____

Emergency Contact Information:

Who to contact in case of an emergency? _____

Relationship to child: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Other: _____

Relative or other persons to contact in an emergency:

Name: _____

Relationship to child: _____

Home phone: _____ Cell phone: _____

In consideration of admittance, I _____ (parent/guardian) hereby authorize the Village Cooperative Nursery School to arrange for medical treatment and/or examination for my child, _____ (child's name) should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided above before any medical action is taken.

I would prefer to have my child, if the need arises, taken to _____ hospital.
(Choice may be limited by services of the local rescue squad).

Parent Signature: _____ Date: _____