

Page 1 Preschool Inc.

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Authorization for Medical Treatment of Minors

- If your child becomes ill or injured, and needs first aide or emergency treatment, it is necessary for you, as their parent or legal guardian, to authorize permission for treatment in your absence.
- This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.
- This will allow the physician or emergency care facility to begin treatment for your child without delay.

I, _____, as parent or legal guardian, consent in my absence, that a representative from Page 1 Preschool Inc. can provide first aide, and/or authorize medical treatment of my son/daughter.

Child's name _____

Address _____

Birth date _____ Home phone # _____

Any allergies or medical conditions? Please explain in detail _____

Any medications taken regularly? Please list _____

Child's Physicians' name _____

Telephone _____

Child's Dentists' name _____

Telephone _____

Signature of Parent /Guardian _____ Print Parent/Guardian name _____ Date _____

Work # _____ Cell # _____

Signature of Parent /Guardian _____ Print Parent/Guardian name _____ Date _____

Work # _____ Cell # _____