Nursery Release Form

Child's Name:_____

Birth dates:_____

Parent's Names:_____

_____

Home Phone:_____

Cellular Phone:_____ Pager:_____

Emergency contact (friend or relative) and phone:_____

Allergies or special needs:_____

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EMERGENCY MEDICAL RELEASE

In the event that reasonable attempts to contact me at _____ or (other parent)_____

_____ at _____ have been unsuccessful, I hereby give my consent for the administration of

any treatment for (child's name) _____deemed necessary.

Child's physician: _____ Physician's phone:_____ Child's last tetanus shot _____

Preferred hospital for emergency treatment: _____

Facts concerning the child's medical history including allergies, medications, and any other physical impairments to which a physician should be alerted. _____

_____

This release is good from Sept 2019-Aug 2020.
Parent or legal guardian signature: _____