AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____.
(Name)

However, if I cannot be reached I hereby authorize the NEIGHBORHOOD COOPERATIVE NURSERY SCHOOL to transport my child to the _____Hospital (or
(Name)
nearest hospital) and to secure for my child the necessary medical treatment. I understand the staff members at NCNS are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

Insurance Company_____Policy #_____

_____ _____
Parent/Guardian Signature Date

EMERGENCY RELEASE FORM

I give my permission for my child to be released from the program and/or to be received at the end of the program to the following people:

NAME _____ RELATIONSHIP_____

ADDRESS_____ PHONE #_____

NAME _____ RELATIONSHIP_____

ADDRESS_____ PHONE #_____

NAME_____ RELATIONSHIP_____

ADDRESS_____ PHONE #_____

NAME_____ RELATIONSHIP_____