



Authorization & Consent/Emergency Release

School Year _____

I authorize the staff at NCNS, who are trained in the basics of first aid, to give my child _____, first aid when appropriate.

I understand that every effort will be made to contact me and/or my spouse in the event of an emergency requiring medical attention for my child. However, if my spouse or I **cannot** be reached, I hereby authorize the *Neighborhood Cooperative Nursery School* (NCNS) to transport my child to the nearest medical facility and/or the _____ Hospital and to secure necessary medical treatment for my child.

Insurance Company: _____ Policy#: _____

Parent/Guardian Signature _____ *Date* ____/____/____

Emergency Release

I also give permission for my child to be released from their program at NCNS to the people listed below. I further understand that in the event of an emergency, the people listed below will be contacted **only if** my spouse or I cannot be reached first.

Name: _____ **Relationship:** _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____ **Relationship:** _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____ **Relationship:** _____

Address: _____

Home Phone #: _____ Cell Phone #: _____