

Page 1 Preschool Inc.

1449 Orchard Park Road -West Seneca, New York 14224 - 674-6979

9400 Transit Road - East Amherst, New York 14051 - 688-1772

Authorization for Medical Treatment of Minors

- If your child becomes injured, and needs emergency treatment it will be necessary for you, as their parent or legal guardian, to give permission 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 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 _____

Childs Physicians' name _____

Telephone _____

Childs 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 # _____