

# 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 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 \_\_\_\_\_ Birth date \_\_\_\_\_

Any medical conditions? Please explain in detail  
\_\_\_\_\_

Any medications taken regularly? Please list \_\_\_\_\_

Parent /Guardian name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Child's physicians name \_\_\_\_\_ Telephone \_\_\_\_\_

**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.**

