



A Time to Grow Nursery School

PO Box 20, Fabius, New York 13063

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Atimetogrownursery.org

A ministry of the Fabius Christian Church

MEDICAL AUTHORIZATION FORM

Child's Name: _____ Date of Birth: _____

FOR CONSENT TO BASIC FIRST AID

I give permission to A Time to Grow Nursery School to treat _____
(name of child)

for minor injuries, cuts, abrasions, bumps, and bruises, etc, and to help with personal hygiene matters such as hand washing and assistance with dressing.

(signature of parent/guardian)

(date)

FOR CONSENT TO EMERGENCY MEDICAL TREATMENT

In the event the undersigned parent/guardian of _____
(name of child)

cannot be contacted through reasonable efforts, does hereby empower and grant to A Time to Grow Nursery School, PO Box 20, Fabius, New York 13063 the right to call 911 to have professional emergency care provided by first responders and if necessary to have said emergency services transport to Golisano Children's Hospital Pediatric ER for further medical evaluation and treatment.

These authorizations shall be valid for the period of time commencing on:

_____ and ending on _____
(month/date/year) (month/date/year)

(signature of parent/guardian)

(date)

Religious Exemption claimed for immunizations? Yes No

