

Nauraushaun Nursery School

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Medical Consent Form

In case of a medical or other emergency while my child, _____, is under Nauraushaun Nursery School's supervision, I understand that school staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay may further jeopardize my child's health, I hereby authorize school staff to act on my behalf and to take any emergency measures, including those listed below, deemed necessary by school staff or by medical authorities for the care and protection of my child. I authorize Nauraushaun Nursery School to:

- Consult the physician or dentist named below if I cannot be reached.
- Administer first aid and/or cardiopulmonary resuscitation.
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of the school.

I agree to be wholly and solely responsible for any and all costs related to the first aid and emergency treatment of my child, and I further agree to defend, indemnify and hold Nauraushaun Nursery School, its directors, officers, employees, agents, and representatives harmless from any and all claims for such costs.

Parent or Guardian Name (Printed) _____

Signature of Parent or Guardian: _____ Date _____

Child's Name _____ DOB _____

Allergies: _____ Other Conditions: _____

Local Physician's Name: _____

Doctor Phone #: _____ Address: _____

Local Dentist's Name: _____

Dentist Phone #: _____ Address: _____

Hospital of Choice: (please circle one) Nyack Good Samaritan

SCHOOL USE ONLY 2 3 4-B 4-N