



NURSERY MEDICAL AUTHORIZATION FORM

(Please print clearly)

The following records shall be maintained on file for each child enrolled in the St. Thomas the Apostle Nursery program. Authorization must be obtained in order to provide emergency medical care for a child when the parent is not available.

Agreement:

Should _____ (child/ren's full name/s) suffer any injury or illness while in the care of St. Thomas the Apostle Nursery and the Nursery is unable to contact me immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I (we) agree to keep the Nursery program informed of changes in telephone and cell numbers where I can be reached.

The Nursery agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Name: _____

Phone: _____

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

Signature of Parent or Legal Guardian: _____

Date: _____

Phone: _____

Cell: _____