

2016-2017
Ethical Society Nursery School
9001 Clayton Road
St. Louis, Missouri 63117

Authorization for Emergency Medical Care

Date _____

Child's Name _____

Address _____

Telephone _____

If, during the 2016-2017 school year we, the parents, cannot be immediately reached, in case of accident or illness, the undersigned, or either of us, authorize the Ethical Society Nursery School to call a **physician**, if possible the child's own, whose name is:

Dr. _____

Street, City, Zip Code _____

Telephone _____

or to call another physician at the discretion of the staff, or to take my child to the nearest **hospital**. Intending to be legally bound hereby, we agree to pay all reasonable expenses incurred. My preferred hospital is:

Hospital _____

Street, City, Zip Code _____

Telephone _____

Emergency Contacts (other than parent(s) or doctor)

Name _____ Telephone _____

Relationship _____

Street, City, Zip Code _____

Name _____ Telephone _____

Relationship _____

Street, City, Zip Code _____

Parent's cell phone _____

Parent's cell phone _____

Parent's business telephone _____

Parent's business telephone _____

Signature of Parent

Signature of Parent

