



## MEDICAL EMERGENCY PERMISSION FORM

To be completed by Parent/Guardian:

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_  
\_\_\_\_\_, who is enrolled at Caia Nursery.

In case of a medical emergency, I hereby grant permission for the nursery staff to seek and provide necessary medical treatment for my child.

In the event of a medical emergency requiring the use of an ambulance, I provide explicit consent for the nursery staff to call for and facilitate emergency medical transportation for my child.

Child's Information:

- Child's Full Name: \_\_\_\_\_

- Date of Birth: \_\_\_\_\_

- Allergies: \_\_\_\_\_

- Existing Medical Conditions: \_\_\_\_\_

- Medications (if applicable):

List any prescribed medications \_\_\_\_\_

**Emergency Contacts:**

1. Emergency Contact 1:

- Name: \_\_\_\_\_

- Relationship to Child: \_\_\_\_\_

- Phone Number: \_\_\_\_\_

2. Emergency Contact 2:

- Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

Health Insurance Information:

- Health Insurance Provider: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Group Number: \_\_\_\_\_
- Primary Care Physician: \_\_\_\_\_

Physician's Name and Contact Information \_\_\_\_\_

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**Authorization for Medical Treatment:**

I authorize the nursery staff to consent to and arrange for all necessary medical and emergency treatment for my child, including but not limited to examinations, X-rays, anesthetic, medical or surgical diagnosis, and hospital care that may be deemed necessary by licensed medical professionals.

Additional Information:

- I understand that efforts will be made to contact me, or the emergency contacts listed above before any major medical treatment is administered.
- I will be responsible for any medical expenses incurred for the treatment of my child.
- I will promptly inform the nursery of any changes to my child's health, medications, or emergency contact information.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I will promptly inform the nursery of any changes or revocation of this consent.