

2019-2020

Ethical Society Nursery School
9001 Clayton Road
Saint Louis, Missouri 63117

Authorization for Emergency Medical Care

Child's Name _____
Address _____
Telephone _____

If, during the 2019-2020 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 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 business phone _____

Parent's cell phone _____
Parent's business phone _____

Signature of Parent/Date

Signature of Parent/Date