



# A Time to Grow Nursery School

PO Box 20, Fabius, New York 13063

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attgns.fabiuschurch.org

*An outreach program of the Fabius Christian Church*

## MEDICAL AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ **FOR CONSENT TO BASIC FIRST AID**

I give permission to A Time to Grow Nursery School to treat \_\_\_\_\_  
(name of child)

for minor injuries, cuts, abrasions, bumps, and bruises, etc, and to help with personal hygiene matters such as hand washing and assistance with dressing.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

☐ **FOR CONSENT TO EMERGENCY MEDICAL TREATMENT**

In the event the undersigned parent/guardian of \_\_\_\_\_  
(name of child)

cannot be contacted through reasonable efforts, does hereby empower and grant to A Time to Grow Nursery School, PO Box 20, Fabius, New York 13063 the right to call 911 to have professional emergency care provided by first responders and if necessary to have said emergency services transport to Golisano Children's Hospital Pediatric ER for further medical evaluation and treatment.

These authorizations shall be valid for the period of time commencing on:

\_\_\_\_\_ and ending on \_\_\_\_\_  
(month/date/year) (month/date/year)

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

Religious Exemption claimed for immunizations? ☐ Yes ☐ No

