Page 1 Preschool Inc.

1449 Orchard Park Road -West Seneca, New York 14224 - 674-6979 9400 Transit Road - East Amherst, New York 14051 - 688-1772

<u>Authorization for Medical Treatment of Minors</u>

- If your child becomes injured, and needs emergency treatment it will be necessary for you, as their parent or legal guardian, to give permission in your absence.
- This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.
- This will allow the physician or emergency care facility to begin treatment for your child without delay.

I,, as parent or legal guardian, consent in my absence, that a representative from Page 1 Preschool Inc. can authorize medical treatment of my son/daughter.		
Child's name		
Address		
Birth date	Home phone #	
Any allergies or medical conditi	ions? Please explain in detail _	
Any medications taken regularly Childs Physicians' name Telephone		
Childs Dentists' name Telephone #		
Signature of Parent /Guardian	Print Parent/Guardian name	Date
Work #	Cell #	
		Date
Signature of Parent /Guardian	Print Parent/Guardian name	
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