

Child's Name \_\_\_\_\_  
Room # \_\_\_\_\_

## Authorization and Consent Form

### Child's Information:

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

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_  
Child's Chronic Health Conditions: \_\_\_\_\_

### Insurance Information (Optional)

Health Insurance Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Participating Hospital: \_\_\_\_\_

### Emergency Contacts (in order to be contacted):

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

### Authorization and Consents:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Plymouth House Nursery School to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

I authorize the staff of Plymouth House Nursery School who are trained in the basics of first aid / CPR to give my child first aid / CPR when appropriate.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Child's Name \_\_\_\_\_  
Room # \_\_\_\_\_

## Pick-Up and Release List

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

I understand that Plymouth House Nursery School does not provide or arrange for transportation to and from the program and that I am therefore responsible for my child's transportation. I acknowledge that Plymouth House Nursery School will only allow my child to be released to his or her parents or to the individuals of whom the school has received **written permission** by the child's parent(s) or guardian.

I hereby give permission to Plymouth House Nursery School to release my child to the following people for pick-up as needed. Any person not listed below requires **written consent** by me prior to my child's release into their care.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*