



Arlington Heights Nursery School
Established 1965

Child's Name _____ Date of Birth _____ Home Address _____ Home Phone _____

First Aid and Emergency Medical Consent Form 2010 - 2011

I authorize the AHNS staff, who are trained in the basics of first aid, to administer first aid to my child when appropriate. In case of a medical emergency, I authorize AHNS staff to administer CPR to my child and/or transport my child to the nearest medical facility for medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen, when I cannot be reached or when delay would be dangerous to my child's health. In addition, I give the school permission to contact my child's physician/medical office when necessary.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Parent Name: _____	Parent Name: _____
Address: _____	Address: _____
Home phone: _____	Home phone: _____
Work address: _____	Work address: _____
Work phone: _____	Work phone: _____
Mobile phone: _____	Mobile phone: _____
Email: _____	Email: _____

Child's Allergies _____

Chronic Health Conditions _____

Child's Physician _____ Telephone _____

Health Insurance Coverage: _____ Policy # _____

Please list any medications being taken (at home or at school), and possible side effects

Please list three local people who we may contact if we cannot reach you, and who you authorize us to release your child to.

1. Name: _____ Address: _____
 Relationship to Child: _____ Phone #: _____
2. Name: _____ Address: _____
 Relationship to Child: _____ Phone #: _____
3. Name: _____ Address: _____
 Relationship to Child: _____ Phone #: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____