

# The School For Early Excellence



56 Middlesex Turnpike, Suite 225, Burlington, MA 01803 | 781.605.8230

## First Aid and Emergency Medical Consent 20\_\_-20\_\_

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 or when delay would be dangerous to my child's health, I hereby authorize The School For Early Excellence to transport my child to the nearest medical facility and to secure for my child the necessary treatment. I understand that the staff members at The School For Early Excellence are trained in the basics of First Aid and I authorize them to administer First Aid and/or CPR when appropriate.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### Insurance Information (optional)

Company name \_\_\_\_\_ Policy # \_\_\_\_\_

Participating Hospital \_\_\_\_\_

Special Instructions \_\_\_\_\_

### Health Information

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Please list any medications being taken at home or school and any possible side effects:

\_\_\_\_\_

Please list three **local** people who we may contact if you cannot be reached, and who **you authorize us to release your child to:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**Print Name** \_\_\_\_\_