

Please fill out this form, sign it, scan it, and email the file to info@ChildrensNest.com or mail it via postal mail or bring it to the office.

The Children's Nest Preschool and Daycare
1155 Draper Road SW, Blacksburg, VA 24060

Child's Emergency Medical Authorization

Child's Name _____ Birthdate _____

Parent(s)/Guardian(s) Name(s): _____

Home Address _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Mothers Employment _____ Work Phone _____

Work Address _____ Last 4 SSN _____

Fathers Employment _____ Work Phone _____

Work Address _____ Last 4 SSN _____

I, the parent/guardians authorize The Children's Nest Preschool and Daycare to obtain immediate medical care for my child in the event that I cannot be reached. I also content to the hospitalization of my child if necessary, the use of diagnostic tests upon arrival at hospital, and the use of surgery and/or the administration of drugs to my child if I cannot be immediately located. I understand that this agreement covers only those situations that are true emergencies and is only applicable if I cannot be reached.

Please circle #1 or #2 Below

1. My child has no insurance, so I/we will be responsible for the payment of medical expenses.

2. Medical treatment costs are covered by:

Insurance Company Name _____

Policyholders Name _____

Identification Number _____

Child's Physician _____ Phone _____

Please list any allergies _____

Signature of Parent/Guardian _____ Date _____

This form is to be kept by the licensed care provider and is to be taken to the doctor or treatment facility in case of emergency.