

MARBLEHEAD CHILDREN'S CENTER  
21 Tioga Way  
Marblehead, MA 01945  
781-631-1954  
781-631-1955

SEASIDE NURSERY SCHOOL  
80 Atlantic Avenue  
Marblehead, MA 01945  
781-639-1415

**EMERGENCY MEDICAL AUTHORIZATION AND CONSENT FORM**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (name), \_\_\_\_\_. However, if I cannot be reached, I hereby authorize MARBLEHEAD CHILDREN'S CENTER or SEASIDE NURSERY SCHOOL to transport my child to the NORTH SHORE CHILDREN'S HOSPITAL and to secure the necessary medical treatment for my child. I understand that the teachers in the school are trained in the basics of First Aid, and I authorize them to administer First Aid when appropriate.

\_\_\_\_\_  
Parent's Signature and Date

Parent #1 Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Parent #2 Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Medical Allergies \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature and Date