



...gentle learning  
through play



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## Emergency Treatment Consent Form

In the event of an emergency while my child, \_\_\_\_\_,  
(child's name)

is attending EGCCNS Preschool, I give permission to the school staff to arrange for any emergency treatment necessary to preserve the health of my child until such time when I can be present.

I understand that, while EGCCNS Preschool will do everything possible to help my child, the school makes no guarantees as to the effect of such treatment on my child's condition.

I acknowledge responsibility for all reasonable charges in connection with care and treatment given during this period.

Parent(s)/Guardian(s)' name(s) \_\_\_\_\_

Address \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Pediatrician/ G.P. \_\_\_\_\_ Phone \_\_\_\_\_

Name of Health Insurance carrier \_\_\_\_\_

Group # \_\_\_\_\_ Agreement # \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_

Medicines child is taking – N/A if none \_\_\_\_\_

Child's allergies – N/A if none \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_