



THE CAROUSEL SCHOOL

66 BREWSTER ROAD - WALTHAM, MA 02451 - (781) 893-1503

Email: carouselschool@comcast.net

AUTHORIZATION AND CONSENT FORM FOR FIRST AID AND EMERGENCY MEDICAL CARE

Child's Name _____ Date of Birth _____

I authorize staff at The Carousel School, Inc., who are trained in the basics of first aid, to give my child first aid when appropriate.

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, I hereby authorize The Carousel School, Inc. to transport my child to the nearest medical facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician _____ Telephone Number _____

Address _____

Child's Allergies _____

Chronic Health Conditions _____

Health Insurance Coverage: _____ Policy # _____

Parent(s) Name _____ Phone (Home) _____ (Work) _____ (Cell) _____

Parent(s) Name _____ Phone (Home) _____ (Work) _____ (Cell) _____

3 Emergency Contacts (In order to be contacted)

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NO. _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NO. _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NO. _____

I hereby authorize The Carousel School, Inc. to release my child to the following persons (other than parents):

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NO. _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NO. _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NO. _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE NO. _____

_____ Date

_____ Parent's Signature