

**AUTHORISATION FOR GENERAL MEDICAL TREATMENT**

I hereby authorise the Nursery nurse to examine my child and provide medical care to my child in case of minor accident, injury or illness, including but not limited to, bruises, bumps, cuts, grazes, stings, bites, fever, pain, etc. I further authorise the Nursery to administer the following medication/products in accordance with the manufacturer's written instruction, should such medication/ products be required:

Medication/Product	Yes	No	Comments
Calpol			
First Aid Ointment			
Antiseptic			
Insect Bite Cream			
Sunscreen			

I agree not to hold the Nursery responsible for any allergic reaction or other adverse symptoms that may result, when such medication/products are used.

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORISATION FOR EMERGENCY MEDICAL TREATMENT**

In case of accident, illness or emergency, I authorise the Nursery to provide emergency medical care to my child, including calling an ambulance and/or physician for emergency medical treatment, in the event that I, the other parent and the Emergency Contacts listed in this form cannot be reached to confirm a course of action. I take full responsibility for the emergency medical treatment required and I agree to pay for any and all costs incurred in such case. Further, I agree **not** to hold the Nursery liable for any consequences arising from such emergency medical treatment.

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_