



Whitefish Bay-Shorewood
NURSERY SCHOOL
A Place to Grow a Child's Love of Learning

Telephone (414) 964-3590

GENERAL AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT FOR MINORS

In the event the undersigned parent/guardian of _____ [child], cannot be contacted through reasonable efforts, I, as parent or guardian, hereby empower and grant to Whitefish Bay-Shorewood Nursery School, the right to consent permission of any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or Hospital Care, to be rendered to my child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Wisconsin, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. This authorization shall be valid for the period of time commencing on September _____ and ending on June _____. I agree to indemnify and hold harmless the Whitefish-Bay Shorewood Nursery School, its agents, its employees, its volunteers, its governing board, the individual members thereof, and all other School officers from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of School activities.

Executed this _____ day of _____ 20_____ .

 PARENT/GUARDIAN SIGNATURE

INFORMATION

Parent/Guardian can be located at the following address and phone number:

Name and Phone number of family doctor, pediatrician:

Any known allergies: _____

Medicines child is taking: _____

In Wisconsin, a person less than 18 years of age is legally defined a minor (WI Statue Sec 990.01(3)). Therefore, except in special situation, e.g., emergency treatment, a physician must obtain the consent of the parent(s) or legal guardian to treat a minor. In the case of a medical emergency, when a child requires immediate treatment in order to save his or her life or to prevent injury to health, treatment may proceed without parental consent.