



Woodland Parent Nursery School
655 Fourth Street, Woodland, CA 95695

Medical Authorization Form

I, _____, have placed my child(ren),
YOUR NAME

CHILD(REN)'S NAMES

with **Woodland Parent Nursery School.**

I hereby authorize the above school to have my child(ren) examined in the event of illness or injury during school placement and to obtain whatever medical care is recommended by a licensed physician.

DATE

SIGNATURE

RELATIONSHIP

Children's Names: _____

Birthdate(s): _____

Home Address: _____

Emergency Phone Numbers:

Mother: _____ Father: _____

Other adult authorized to pick up your child(ren):

Name: _____ Relationship: _____

Phone Number(s): _____

Physician to be called in emergency: _____

Last Tetanus Shot: _____ Drug Allergies: _____

Food Allergies: _____