

Permission to Administer First Aid

Child's name: _____

In case of illness, accident or injury of any kind to our child _____, while attending University Plaza Nursery School, we hereby instruct and give permission to the staff and other members of the University Plaza nursery School to administer first aid, and if necessary in their sole judgment, take our child or cause our child to be taken to NYU Medical Center, Beth Israel Hospital, or any other New York area hospital as may be deemed necessary for emergency treatment or observation, or take our child or cause our child to be taken to La Guardia Pediatrics (Vicki Papadeas, MD and Andrea Berne, CPNP) for treatment or observation. We agree to assume any and all costs resulting from the above actions.

Please note that, if there is an option for treatment, our preference of hospital is _____. However, we understand that the choice of hospital may not be controlled by University Plaza Nursery School and we shall not hold University Plaza Nursery School liable in any way for choice of hospital or method of treatment.

It is our understanding that University Plaza Nursery School will make the best efforts to reach us in the event of illness or injury to our child.

Parent Signature _____ Date _____

Parent Signature _____ Date _____