

Emergency Treatment Operative Permit UCC Nursery School

Please complete EITHER the consent (top) OR refusal (bottom).

Consent

In case of emergency, I _____ (Parent / Guardian), being legally empowered to do so, hereby grant to the UCC Nursery School, its staff and teachers, the right to give a licensed attending physician or surgeon and/or hospital, permission and consent for emergency treatment and surgery for _____ (Child's Full Name)

In the event that I am not available when such treatment or surgery is needed, I prefer to have my child taken to _____ (Name of Hospital)

I have read the above consent and understand the contents thereof:

(Parent/Guardian Signature)

(Witness Signature)

(Parent/Guardian Printed Name)

Refusal

I have read the above consent and will not sign for the following reason(s): _____.

I understand that the UCC Nursery School will be held harmless should any doctor or hospital refuse to administer care to _____ (Child's Full Name) as a result of my refusal to sign this Emergency Treatment Operative Permit.

I have read the above refusal and understand the contents thereof:

(Parent/Guardian Signature)

(Witness Signature)

(Parent/Guardian Printed Name)