

**Drexel Hill United Methodist Nursery School**  
**600 Burmont Road**  
**Drexel Hill, PA 19026**  
**610-259-1444**

**Authorization Form**

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the Emergency Contact Card you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following below:
  - a. Call another physician or paramedics
  - b. Call an ambulance
  - c. Have the child taken to an emergency hospital in the company of a staff member.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I hereby grant permission for my child's clothing to be changed by a staff member should he/she have a toilet accident or get sick.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parents'/legal guardian)