



NURSING WAIVER

I, _____, Parent/Guardian of _____ (child's name) understand that there is no nurse on the premises at St. Lawrence O'Toole Early Childhood Learning Center. In the event that my child is in need of medication, I will make arrangements for my child's parent, guardian or relative within the 3rd degree of consanguinity of the parents or step-parents of the child to come to the Center to administer the medication needed.

In case of emergency, I will be notified. If I cannot be reached, my emergency contact person will be notified. If a need arises, 911 will be called.

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____

Emergency Contact Persons (other than parents):

Name: _____ Relationship _____

Home Phone # _____ Cell # _____

Name: _____ Relationship: _____

Home Phone # _____ Cell # _____