

THE RIDGE STREET COUNTRY SCHOOL, INC.

PRE-SCHOOL

431 NORTH RIDGE STREET  
RYE BROOK, NEW YORK 10573  
914-939-5460 • Fax: 914-939-1449

**\*EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Child's Name \_\_\_\_\_

In the event that I cannot be reached in case of a health-related emergency affecting my child, as named above, at the school or going to or from the school, I hereby give permission to my physician as listed in the school's records or, if unavailable, the physician selected by the school principal or assistant principal to administer proper treatment to my said child.

\_\_\_\_\_ X \_\_\_\_\_  
Date Parent's Signature

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } s.s

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known to be the individual described in and who executed the foregoing instrument and acknowledged that s/he executed the same.

\_\_\_\_\_  
Notary Public

Dear Parent,

In the event that the school cannot reach you if your said child is ill or needs any health-related assistance, please write in below the name and telephone number of a relative or friend whom we may contact:

1. Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Relationship \_\_\_\_\_

\*This authorization must be notarized in order to be valid