



**NURSERY SCHOOL AND DAY CARE CENTER INC.**

**The First Step Nursery School and Day Care Center, Inc**  
**1350 15th Street, Fort Lee, NJ 07024**  
**firststep7.com**  
**201-944-9642**

## MEDICAL RELEASE

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
 (Parent / Guardian Name) (Child Name)

born on, \_\_\_\_\_, who attends The First Step Nursery & Day Care Center, Inc., located at 1350 15<sup>th</sup> Street in Fort Lee, NJ hereby authorize Englewood Hospital located at 350 Engle Street in Engelwood, NJ to provide emergency treatment to my child named above in case of injury, accident, and/or illness during the time that my child is registered at The First Step.

<b>Child's pertinent health information, if any</b>
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<b>Child's allergies, if any</b>
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<b>Your child's physician</b>	
Full Name	Phone #
Address (City / State)	Fax #

<b>Parent / Guardian Health Insurance for Child</b>	
Full Name	Provider Name
Policy #	Group #
Medicaid # (if applicable)	

<b>A friend or relative to be notified in an emergency if both parents should be unavailable</b>	
Full Name	Phone #
Address	Relationship to Child

<b>Parent / Guardian Signature</b>	<b>Date</b>