

Authorization Form

- My signature authorizes Gingerbread Nursery School to administer the K 1 Pill in the event of Nuclear Disaster
- My signature authorizes Gingerbread Nursery School to obtain necessary medical assistance in the event of an emergency situation

Name of child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian _____

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian _____

Date: _____