

**Kids' Corner Emergency Form**  
**2010-2011**

**Child's Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_

**Parent Information**

Parent Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Parent Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Medical Information**

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_

**Emergency Contacts:**

Please reference the information of at least two relatives or friends that can be notified in the event that parents are not available.

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Telephone \_\_\_\_\_

**Emergency Care:**

In the event that I cannot be reached in an emergency situation, I give permission to the Head of School, Acting Head of School, Nurse, and After School Staff at Walnut Park Montessori School to have my child taken to the Newton-Wellesley Hospital for emergency treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_