

PLEASE COMPLETE
BOTH SIDES OF THIS FORM

THE CHILDREN'S WAY
EMERGENCY CONTACT CARD 2018-2019

Classroom _____
To be filled in by office

M F

Name of Child _____

Date of Birth _____

Home Address _____

Town/Zip _____

Name of Parent/Guardian _____

Home Address (If other than above) Same as above

Name of Employer (Not Applicable)

Work Address _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Email Address: _____

Name of Parent/Guardian _____

Home Address (If other than above) Same as above

Name of Employer (Not Applicable)

Work Address _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Email Address: _____

Names of 2 persons who may be called or to whom your child may be released in case you cannot be reached:

Name _____

Address _____

Telephone #(s) _____

Name _____

Address _____

Telephone #(s) _____

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MEDICAL CONTACT

In the event of an emergency, an ambulance will transport students to the following hospitals: **Emerson, Leonard Morse, Framingham Union, Waltham, and Newton-Wellesley**. In an extreme emergency, the nearest hospital will be chosen by the EMT's. *Please circle your preference from the hospitals listed above.*

Identifying Information: Eye Color _____ Hair Color _____ Weight _____ lbs.
Height _____ Race _____ Identifying marks _____

Student's medical doctor Address Telephone #

Student's dentist Address Telephone #

Medical insurance company Address/ID group number Telephone #

Describe any known allergies (including food allergies), reaction(s) and treatment(s) _____

Does your child take any medications regularly? Y N What type(s)? _____

Does he/she have to take medication(s) during school hours? Y N

What is/are the medications for? _____

Does your child wear glasses? Y N

Are there any other medical conditions your child has that we should know about? _____

Signature of Parent or Guardian

Date

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