FAIR ACRES
COUNTRY DAY SCHOOL

35 FAIR ACRES DR., MARSTONS MILLS, MA 02648
PH (508) 420-3288
FAX (508) 420-1710
www.fairacrescapecod.com

AUTHORIZATION & CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____.

However, if I cannot be reached, I hereby authorize Fair Acres Country Day School to transport my child to the_____Hospital (or nearest hospital) and to secure for my child the necessary medical treatment.

I understand the staff members in the school are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

_____ _____
Parent/Guardian Signature Date

_____
Telephone #'s of Parent/Guardian in case of an emergency – Day Tel #'s

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EMERGENCY RELEASE FORM

In case of an emergency, give the names of persons who can be called and are authorized to pick-up your child in the event that a parent cannot be reached.

Name_____ Relationship to child_____

Address_____ Tel #_____

Name_____ Relationship to child_____

Address_____ Tel #_____

_____ _____
Parent/Guardian Signature Date