

**FAIR ACRES
COUNTRY DAY SCHOOL**

35 FAIR ACRES DR., MARSTONS MILLS, MA 02648
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EMERGENCY CARD INFORMATION

CHILD'S NAME _____ DATE OF BIRTH _____
CHILD'S HOME ADDRESS _____
PHONE # _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone)
2. _____
(Name, Address, Phone)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

(Doctor/s Name, Address, Phone)

EMERGENCY CONTACT PERSON(S)

1. _____
(Name, Address, Phone)
2. _____
(Name, Address, Phone)

MEDICAL EMERGENCY TREATMENT

I hereby give Fair Acres Country Day School permission to administer basic first aid and/or CPR to my child _____ and/or take my child _____

(Child's Name)

(Child's Name)

to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature _____ Date

ALLERGIES, CHRONIC HEALTH CONDITION: _____

INSURANCE INFORMATION (Optional)

Company Name _____ Policy # _____
Participating Hospital _____
Special Instructions _____