

Plowshares Education Development Center, Inc.
360 Lowell Avenue (NNHS)
Newtonville, Ma. 02460
Ph.(617)527-3755 Fax.(617)244-0227

EMERGENCY CARD INFORMATION

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN (Name, Address, Phone #'s **Work, Cell, Home**)

1. _____

2. _____

PEDIATRICIAN OR SOURCE OF HEALTH CARE (Doctor's Name, Address, Phone #'s)

1. _____

EMERGENCY CONTACT & RELEASE PERSON(S) (*other than parents*) (Name, Address, Phone #'s **Work, Cell, Home**)

1. _____

2. _____

Name/Address/#'s for Authorized Release Persons (if different) _____

MEDICAL EMERGENCY TREATMENT

I hereby give Plowshares Educational Development Center permission to administer basic first aid and/or CPR to my child and/or take my child _____ to Newton Wellesley (or nearest) Hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent/Guardian Signature) (Date)

ALLERGIES/MEDICAL CONDITIONS _____

Current Height: _____ Weight: _____ **Wallet size photo required (please attach)**

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy # _____

Participating Hospital: _____

Special Instructions: _____

PERMISSION TO TAKE CHILD OFF THE PREMISES

I hereby give permission for staff members and all parent or guest supervisors of **PLOWSHARES CHILDCARE PROGRAM, INC.**, to take my child, _____, on excursions from the center which will include the following types of activities:

1. Walks to neighborhood parks, stores and other educational attractions.
2. Special Events.

If a parent chooses not to send a child on a field trip he/she is responsible for making alternative childcare arrangements. If enough children are not participating on the trip, Plowshares may make arrangements for them, if staffing permits.

Signature of Parent or Guardian

Date: _____

Parents, please list any special information we might need to know about your child concerning field trips. Thank you.

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