

Family's last name: \_\_\_\_\_

*John XXIII Montessori Children's Center*

**Emergency Contact/Waiver Agreement  
2010-2011**

I give permission to John XXIII Montessori Children's Center to render first aid should the need arise. In the event of an emergency, I also give permission to authorize emergency medical treatment as needed.

I further agree to hold the above named Center, its Administrator, Teachers, Catechists and Assistants blameless for any accidents that might occur.

In case of emergency, I can be reached by phone at \_\_\_\_\_,  
or \_\_\_\_\_.

**Alternate contact:**

If I cannot be reached, please contact: \_\_\_\_\_  
at \_\_\_\_\_.

Signed: \_\_\_\_\_  
(parent or guardian)

Date: \_\_\_\_\_