

Family's last name: _____

John XXIII Montessori Children's Center

Emergency Contact/Waiver Agreement 2012-2013

I give permission to John XXIII Montessori Children's Center, Inc. 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 _____.

Please indicate any food allergies/health issues that we should be aware of:

Signed: _____

(parent or guardian)

Date: _____