

The International Preschool of Warsaw
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[Website: www.ipw.edu.pl](http://www.ipw.edu.pl)

MEDICAL EMERGENCY FORM
(This form must be completed by a parent.)

This form must be filled out before your child can attend preschool. In the event of an emergency, the school must have an authorized, designated contact person.

CHILD'S NAME

PARENT'S NAME

HOME

ADDRESS _____ PHONE _____

WORK ADDRESS _____

PHONE _____

EMERGENCY CONTACT (If parent(s) can not be located, the preschool will attempt to contact the individuals listed below.)

NAME: _____ PHONE: _____

NAME: _____

PHONE: _____

Parent Signatures & Date

I give permission for my child to be given first aid treatment in case of an accident.

Parent Signature & Date

I give permission for my child to be taken to the hospital in case of an emergency.

Parent Signature & Date

