

The International Preschool of Warsaw  
ul Kalatówki 24, Tel: 22 843 09 64  
Email: ipw@ipw.edu.pl  
[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 school. 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 school 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

