



EDINA HISTORICAL SOCIETY
Rediscover Edina

**Emergency Contact Form
Historic Cahill School**

Child's Name			
Parent's Name		Phone	
Parent's Name		Phone	
Child's Doctor		Phone	
Allergies			
Medical Concerns			
Special Needs			

I give permission to the staff at Historic Cahill School to take whatever emergency, first aid, or disaster evacuation measures are deemed necessary for the care and protection of my child. I understand that in some situations the staff may need to contact local emergency resources. In case of a medical emergency, I understand that my child will be transported to the nearest hospital by the local police, rescue squad or ambulance. In any such event, the staff will contact the child's parent, guardian, physician or other adult acting on the parent's behalf.

If I cannot be reached in the event of an emergency, please contact:

Name	
Phone	

Parent's Signature		Date
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Your child will be released only to you or one of the people listed below. Others may be asked to show a Photo ID/ Driver's License.

Name		Phone	
Name		Phone	

Under no circumstances is my child to be released to:

Name	
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