



**EMERGENCY MEDICAL TREATMENT
RELEASE FORM**
FOR ALL CHILDREN ATTENDING THE KIWI SCHOOL

In the event of an emergency concerning my child,

_____, I can be reached at the phone

number listed below. I authorize Karla Bellotto, Ivan Bellotto,

(School Owners) or Derry Martabano, The Kiwi School Director,

or The Kiwi School Teachers, to grant authority to any Medical Doctor

to treat my child in case of any emergency because of illness or injury.

Known Drug Allergies: _____

Pediatrician: _____ Phone: _____

Parents Emergency Phone Numbers During School Hours:

Mother: _____

Father: _____

Signature: _____ Date: ___/___/___

Parent or Guardian