

Oakham Country Day School
971 Old Turnpike Road
508 - 882-3198
oakhamcountrydayschool@gmail.com
Susan Mantha, Owner/Director

Authorization and Consent Emergency Medical Treatment

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Oakham Country Day School to transport, or arrange with appropriate emergency personnel to transport, my child to the Barre Family Health Center and to secure for my child necessary medical treatment. I understand that the teachers of Oakham Country Day School are trained in the basics of first aid and I authorize them to give my child first aid when appropriate.

Parent's signature: _____ Date: _____

Release of Child to Non-Custodial Parent or Others

I authorize the Oakham Country Day School to release my child to the following persons:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

*Please return the completed application form along with a fee of \$35.00 for a **FIRST TIME** registration; or a fee of \$25.00 for **ALL RENEWAL** registrations to:*

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971 Old Turnpike Road
Oakham, MA 01068