



Down Syndrome Research Institute

**Summer School - Emergency Information
July 6 - 31, 2015**

Child's Name: _____

Home Telephone: _____

Any known allergies to medication: _____

Who, other than yourself, has permission to pick up your child? (Only adults 19 years or over can be authorized to pick up your child.)

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

PLEASE PROVIDE INFORMATION ABOUT ONE FRIEND OR RELATIVE WHO CAN BE CALLED IF PARENT OR RESPONSIBLE ADULT CANNOT BE REACHED.

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Relationship to child: _____



Down Syndrome Research Institute

**Summer School - Medical Release
July 6 - 31, 2015**

To Whom It May Concern:

I hereby give full authority to the staff of the Down Syndrome Research Institute Summer School to sign for medical services, including inhalator and stitches as required, or any other medical services that might be recommended by the attending physician.

DSRI Summer School staff may take my child _____
(please print full name)
to the hospital and authorize in my name.

1. By contacting the physician named below:

Name: _____

Address: _____

Telephone: _____

2. If he/she is not available, by obtaining the services of another qualified physician. My child's OHIP number is _____.

I understand that all reasonable attempts to contact me will be made by the staff of the Down Syndrome Research Institute Summer School, and that if this form must be used, it is because I was unable to be contacted.

Name: _____

Signature: _____