



## EMERGENCY INFORMATION

Contact Name	Telephone #'s	Relationship
	(Home)      (Work)      (Cell)	
	(Home)      (Work)      (Cell)	
	(Home)      (Work)      (Cell)	

I, \_\_\_\_\_, do hereby authorize Sew-Fashionable for Girls administration to render first aid for injury to my child named above. In the event of a medical emergency, I authorize Sew-Fashionable for Girls administration to have my child transported to the nearest hospital/emergency care center for emergency medical or surgical treatment and to contact my child's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify Sew-Fashionable for Girls and its owner Martha Ciacciofera from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

(Printed Student Name)	(Student Signature)
(Printed Parent/Guardian Name)	(Signature of Parent/Guardian)
(Witness)	(Date Signed)