

QSI INTERNATIONAL SCHOOL OF MALTA



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EMERGENCY INSTRUCTIONS

In the event a student is injured or for any other reason needs emergency attention, the following information is required:

NAME OF STUDENT(S) _____

TELEPHONE(S) at which parent may be reached: OFFICE _____
HOME _____

If no phone contact is possible, please give an address or instruction to be reached.

If unable to reach a parent, indicate other persons to contact with address and phone numbers. _____

If emergency medical care is required, do you authorize school authorities to initiate medical care, possibly to include locating a nurse or doctor? ____ **YES** ____ **NO**

If you have a preference for a doctor or hospital, please indicate below:

In an emergency, I authorize school authorities to take any steps necessary to administer medical treatment to my child(ren) in the event one of my child(ren)'s parents are not available at the time.

(Signature)