

## JEFFERSON PARK PRESCHOOL

Est. 1969

## Medical Emergency

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of children attending JPPC. If I cannot be reached, I herby give permission to a physician selected by the school staff to secure proper treatment and/or hospitalize my child if necessary

Parent's Signature:	
Date:	
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Child's Name:	
Telephone:	

Jefferson Park Preschool
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