



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 hereby 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: _____

Child's Name: _____

Telephone: _____