

DUCKY POND PRE-SCHOOL

Medical Treatment

In the event that we, the undersigned, are unable to be reached we authorize the Medical Treatment and ambulance transport to the nearest Hospital for our child, if it is deemed necessary.

Child's
Name _____ Allergies: _____

Address: _____

Telephone: _____

Family Physician: _____

Address: _____

Telephone: _____

Signed: _____

Relationship: _____ Date: _____