

# Cherry Hill Pre-School

## PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS

In consideration of admittance, I \_\_\_\_\_  
(Parent/Guardian)

hereby authorize the Cherry Hill Pre-School to arrange for medical examination and/or treatment  
of my child \_\_\_\_\_ should an emergency arise  
(Name)

at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me  
at the emergency numbers I have provided below, before any medical action is taken. I would prefer to have my  
child, if the need arises, taken to \_\_\_\_\_ Hospital.\*

\*Choice of hospital may be limited by service of local rescue squad.

\* \* \* \* \*

_____ Mother's or Guardian's Signature	_____ Home Phone	_____ Business Phone
_____ Father's or Guardian's Signature	_____ Home Phone	_____ Business Phone

Relatives, or other persons to contact in an emergency situation:

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Relationship to child _____	Relationship to child _____