

Princeton Community Family Learning Center

MEDICAL EMERGENCY STATEMENT



I hereby give my permission for \_\_\_\_\_ or any of their employee's  
(Provider's name)

at Princeton Community Family Learning Center to call a physician, hospital, ambulance, dentist or any other medical personnel to secure necessary medical care (including the administration of anesthesia if surgery is advised by a physician), and to otherwise act in my behalf in order to protect my child

\_\_\_\_\_ when I cannot be reached and/or when  
(Child's Name)

delay would be dangerous in case of illness or accident.

I understand and agree that I am responsible for any and all doctor, hospital, ambulance and dentist bills or any other medical expenses that may occur. Princeton Community Family Learning Center will contact me as soon as possible in the event that medical treatment is required. I know that some medical emergencies may not allow much time to contact me and in this type of situation Princeton Community Family Learning Center will immediately contact a physician, hospital, ambulance or other medical personnel and then will contact me as quickly as possible.

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Signature of parent or guardian

Date