

MEDICAL EMERGENCY STATEMENT



I hereby give my permission for Judy Stuver or any of their employee's
(Provider's name)
at Miss Judy's Preschool, LLC 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. My daycare provider 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 my
daycare provider will immediately contact a physician, hospital, ambulance or
other medical personnel and then will contact me as quickly as possible.

Signature of parent or guardian

Date