

CONSENT FOR EMERGENCY MEDICAL TREATMENT
DATE _____

AS THE PARENT, I HEREBY GIVE CONSENT TO **MRS. MONAHAN**
OR MRS. CHIN TO OBTAIN ALL EMERGENCY MEDICAL OR
DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN MD
FOR

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE
NECESSARY TO PRESERVE WELL BEING FOR THE CHILDREN
NAMED ABOVE.

MRS. MONAHAN OR MRS. CHIN HAS FULL RESPONSIBILITY
FOR MY CHILDREN WHILE THEY ARE IN HER CARE.

INSTRUCTIONS FOR CARE:

PARENTS SIGNATURE _____

PHONE NUMBER _____