



## EMERGENCY CARD

I give permission for Westchester Reform Temple's Early Childhood Center to take emergency measures as judged necessary for the care and protection of my child while under their supervision.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPLETE BOTH SIDES OF THIS CARD

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