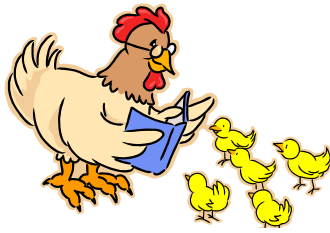


Li'l Peeps



Preschool

*P.O. Box 257
Perkasie, PA 18944
Phone: (215)872-1671*

Provider's Name: _____

Date: ___/___/___

Child's Name: _____

I hereby authorize the above named provider to administer necessary medical attention to my child should the need arise and I cannot be reached.

Signature of Parent/Guardian