



Princeton Community Family Learning Center
P.O. Box 370
Princeton, NJ 08542-0370

Health Care Provider's Name and Contact Information

Today's Date:

Name of Child's Physician:

Address of Child's Physician:

Phone Number of Child's Physician:

I, _____, give Princeton Community Family Learning Center (PCFLC) permission to contact my child's health care provider (physician) in the event of an emergency. I understand that PCFLC is not responsible for any costs incurred as a result of responding to the needs of my child. I also give permission to PCFLC to share the above information with other medical respondents and personnel who may be tending to my child in the event of an emergency.

Signature of Parent(s)