

Medical Authorization

I authorize *Little Britches Learning Center* to transport my child to a medical facility during a life or limb threatening emergency. I also understand that by signing this agreement I am authorizing my child to receive medical care in case of an emergency. I also understand that I am financially responsible for any monetary costs incurred in the transportation and/or treatment of my child.

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(Signature of Parent/Guardian) (Date)

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(Signature of Parent/Guardian) (Date)

Annual Update

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(Signature of Parent/Guardian) (Date)

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