

330 Neptune Avenue, BROOKLYN, NY 11235 OFFICE: 718-891-1111 www.mbbestchoice.com

Today's Date:	/	/	
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In Case of Emergency

Ι	_ (parent/guardian) give permission to NASH JEW in the event of a medical
emergency to take my child	(child's name) to the emergency room.
Parent/Guardian Signature:	
Print Name:	Date: