

Please list any special needs, o9^sž1!áÁvê çNw â aN Aî0P= • e !pmãÑP •çâ ïi!pîäë™-ãÙPääçw\$ authorize the attending staff member of the Snow Heights Extended Day Program to call for Emergency Ambulance Service.

I hereby give my consent for North Hills Hospital to secure any and all necessary medical care for my child.

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Printed Parent Name

Signature