

187 Half Mile Road North Haven, CT 06473

Medical/Emergency Release

Tel: 203-234-8454

Fax: 203-234-8689

I	give permission for the Benhaven staff to accompany
(Parent/Guardian)	
	_ to emergency and routine medical appointments.
(Family member's name)	
Signed:	Date:
(Parent/Guardian)	
Signed:	Date:
(Supervisor)	