

**Murphy Adventist Christian School
Hospital Preference
2019-2020**

In the unforeseen and unlikely event of an accident or injury to my child that would require transportation to a hospital while he/she is under the care of Murphy Adventist Christian School, if possible, please transport to:

_____ in _____,
NAME OF HOSPITAL CITY

STATE

NAME OF CHILD

NAME OF PARENT (PRINTED)

DATE

SIGNATURE OF PARENT