

Little Saints Learning Center
PARENT MEDICAL CONSENT FORM

(Return to school by July 1, 2017)

TO BE COMPLETED BY PARENT:

In the interest of the health and well-being of your child, please describe any illness, allergies, physical condition or medication that have affected, or may affect, your child's general health or school participation and performance.

Please note: It is the parents' responsibility to keep the school apprised of new information, changes or needs throughout the school year.

MEDICAL CONSENT TO TREAT:

I hereby grant permission for the attending physician to proceed with any necessary medical or minor surgical treatment, x-ray examinations, or immunization for my child. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that the attending physician will make every reasonable attempt to contact me quickly and expeditiously. If said physician is unable to reach me, I authorize him/her to provide the treatment necessary for the wellbeing of my child. I also grant school personnel permission to provide any needed emergency treatment to my child.

Print Parent's/Guardian's Name

Parent's/Guardian's Signature

Little Saints Learning Center
ST. PAUL'S EPISCOPAL SCHOOL
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