

PRE-K THROUGH 8TH
PARENT MEDICAL CONSENT FORM

(Return to school by July 1, 2018)

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.

Permission is hereby granted to school personnel to administer the following over-the-counter medications: (circle)

Ibuprofen: Y/N Acetaminophen: Y/N Benadryl Y/N Neosporin Topical Y/N Benadryl Topical Y/N

Cough Drops Y/N

Print Parent's/Guardian's Name

Parent's/Guardian's Signature

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

**PRE-K THROUGH 8TH
ST. PAUL'S EPISCOPAL SCHOOL
6249 Canal Blvd.
New Orleans, LA 70124
504-488-1319**