



**LITTLE FRIENDS SCHOOL
MEDICAL CONSENT FORM 2022-2023 SCHOOL YEAR**

Parents and Guardians,

If you wish to consent to emergency medical treatment for your child, please complete and sign the following form. This form will be used only in the unlikely event that we cannot reach you at a time when your child needs immediate emergency medical treatment. We pray that we never need to use this form, but we offer it as a safeguard for your child.

Your cooperation is appreciated.

Little Friends School Board

CONSENT TO MEDICAL TREATMENT

(Please print legibly)

Child's Name _____

Name of Parent or Guardian _____

Home Address _____

Telephone: Cell _____ Work _____

I, the undersigned parent or legal guardian of the above named child, do hereby grant my permission and consent for said child to receive emergency medical care if: (1) such care is deemed necessary by the adult supervisor having custody of my child at LITTLE FRIENDS SCHOOL, (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my personal consent would reasonably jeopardize the life, health, or well-being of the child affected; and (3) I cannot be personally contacted. I further acknowledge that I have read and understood the above statements.

Witness (Legible signature)

Parent/Guardian (Legible)

Doctor's name and phone _____

May we use any physician or hospital under emergency conditions? _____

Does your child have any medical problems or allergies? _____

Please explain. _____

*****SPECIAL MEDICAL INFORMATION CONCERNING MY CHILD*****