



ST. LOUIS OF FRANCE SCHOOL

Consent for Medical Treatment

As the parent, Agency representative, or legal guardian, I hereby give consent to St. Louis of France School to provide all emergency dental or medical care prescribed by a duly licensed physician or dentist (D.D.S.) for _____.

This care may be given under whatever conditions are necessary to preserve the life of well-being of my dependent.

Child has the following medication allergies:

Parent/Agency Representative/Guardian Signature

Date

Home Address

Home Phone Work Phone