



CONSENT FOR MEDICAL TREATMENT FORM

Please fill out and return to St. Bernard's with your other registration materials. This form will be kept on file with your child's records.

STUDENT NAME: _____ GRADE: _____ DATE: _____

I hereby authorize and consent to St. Bernard's Academy, its employees and agents, in my behalf and in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of St. Bernard's Academy, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment they deem appropriate to treat any injury sustained by my child. I further authorize St. Bernard's Academy, by and through its employees and agents, to administer such emergency medical treatment as is necessary for the health and welfare of my child. I will accept responsibility for any expense incurred.

I do hereby agree to hold harmless and indemnify St. Bernard's Academy, its employees and agents, either jointly or separately from and against any and all claims, demands, damages, or causes of action, or injuries, including reasonable attorneys fees and costs in the defense thereof resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

My child has the following allergies or illnesses that medical personnel should be aware of: _____

Local Physician and Address: _____

Physician's Telephone: _____