

**Bishop Leonard-Saint Mary of the Mount Academy
Consent to Treat Form**

I/We, the undersigned parent(s) of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian

Mother/Legal guardian

Date of signature: _____

This consent form will remain effective until the last day of school for the current year

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I resume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign those in accordance with your wishes:

1. Medications: My child is taking medication at present. My child will bring all such medications, and such medications will be well labeled. My child will administer his/her own medication

Please list all medications:

Signature

Date

2. I hereby grant permission for nonprescription medication (such as Tylenol, Throat lozenges, cough syrup, etc., to be given to my child, if deemed advisable.

Permission granted
Only with a phone call home before administering

Signature

Date

3. No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature

Date

Any known food, drug or environmental allergies? _____

Any medically prescribed dietary needs? _____

Any physical limitations? _____

Physician's Instructions concerning medication given at school

It is required by Bishop Leonard-Saint Mary of the Mount Academy that the attending physician fill out the following form for all medications to be given during school hours.

Student's Name: _____

Date: _____

Medication and Dosage: _____

Date to Date requirements: _____

Condition of child: _____

Possible side effects: _____

Physician's Information

Physician's Signature: _____

Physician's Phone: _____

Date: _____

Please send all medication to the school office. If we have any questions, we will contact you.

Parent Signature

Phone Number to best reach the above