APPENDIX F

SCHOOL _____

MEDICAL CONSENT FORM

We, the parents (guardians) of _____

hereby consent to our child attending _____

from _____ to _____

Should it become necessary for our child to have medical care, I hereby give the teacher permission to use their best judgement in obtaining the best of such service for our child. We understand that any cost will be our responsibility. We also understand in the event of illness or accident, we will be notified as soon as possible.

_____ _____

Signature of Parent or Guardian Phone(day)

_____ _____

Address Phone(evening)

_____ _____

Date: Cell phone