



Communicating the truth,
training the mind and cultivating the heart

*Study to show yourself approved unto God
II Timothy 2:15*

Consent for Medical Treatment

Student's full name _____

Parents' names _____ Student's birthdate _____

Address _____

Home Phone _____ Emergency Phone _____

List all of the student's allergies or health problems below. If there are none, please indicate:

Parents' statement:

In the event my child becomes ill or is injured while under the supervision of Veritas Classical Schools, I approve the school authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instruction.
2. In the event of an emergency when neither parent (or guardian) can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting may be done by a school authority's vehicle or, if it be deemed wise, by ambulance.

If in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent being supplied, and I cannot be reached, I hereby authorize, appoint, and empower Veritas School authorities to furnish on my behalf such written or oral consent as may be required.

Furthermore, I release Veritas Classical Schools and its authorities and representatives from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Parents' signatures _____ Date _____

_____ Date _____