

**FAITH SCHOOL DISTRICT # 46-2
MEDICAL TREATMENT CONSENT FORM**

I am the _____ (Mother - Father - Legal Guardian)

of _____, who attends the _____

School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the Faith School District #46-2 while on a school

sponsored activity and hereby appoint said employee to act on my behalf in securing necessary medical services from any duly licensed physician or osteopath.

Dated this _____ day of _____ 200__.

Signature

CONSENT OF STUDENT

Required if student is 18 years or older.

I, _____, have read the above Consent Form

signed by my _____ (Mother - Father - Legal Guardian)

and join with _____ (him/her) in the consent.

Dated this _____ day of _____ 200__

Signature

**FAITH SCHOOL DISTRICT # 46-2
MEDICAL TREATMENT CONSENT FORM
FOR EMANCIPATED STUDENTS**

I _____ ,(name) hereby give my consent for
medical

services that I may require while I am under the supervision of an employee of the Faith
School District #46-2 while on a school sponsored activity and hereby appoint said
employee to act on my behalf in securing necessary medical services from any duly
licensed physician or osteopath.

Dated this _____ day of _____ 200__.

Signature