

**NATIVITY SCHOOL EXTENDED DAY CARE PROGRAM**

**Consent for Medical Treatment**

As the parent, agency representative or legal guardian, I hereby give consent to **NATIVITY SCHOOL** to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for \_\_\_\_\_ . This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

.....  
My child has the following medication allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Agency Representative/Guardian Signature

\_\_\_\_\_  
Home Address

( ) \_\_\_\_\_  
Home Phone

( ) \_\_\_\_\_  
Work Phone