



Casa dei Bambini School

Education for the 21st Century

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HERBY GIVE CONSENT TO CASA DEI BAMBIN SCHOOL TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST.

(D.D.S.) FOR _____
Child's Name

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE OR WELL BEING OF MY DEPENDENT.

I/WE (PARENT) UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY COSTS ARAISING FROM ANY INCIDENT.

DATE

PARENT./AGENCY REPRESENTATIVE/GUADIAN SIGNATURE

PRINT NANE

HOME ADDRESS

| | |
|-------------------|-------------------|
| HOME PHONE () | WORK PHONE () |
| CELL PHONE () | CELL PHONE () |

