

**Little Saints Learning Center**  
**PARENT MEDICAL CONSENT FORM**

(Return to school by July 1, 2016)

**TO BE COMPLETED BY PARENT:**

In the interest of the health and well-being of your child, please describe any illness, allergies, physical condition or medication that have affected, or may affect, your child's general health or school participation and performance.

**Please note: It is the parents' responsibility to keep the school apprised of new information, changes or needs throughout the school year.**

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**MEDICAL CONSENT TO TREAT:**

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I hereby grant permission for the attending physician to proceed with any necessary medical or minor surgical treatment, x-ray examinations, or immunization for my child. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that the attending physician will make every reasonable attempt to contact me quickly and expeditiously. If said physician is unable to reach me, I authorize him/her to provide the treatment necessary for the wellbeing of my child. I also grant school personnel permission to provide any needed emergency treatment to my child.

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**Print Parent's/Guardian's Name**

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**Parent's/Guardian's Signature**

**Little Saints Learning Center**  
**ST. PAUL'S EPISCOPAL SCHOOL**  
**6249 Canal Blvd.**  
**New Orleans, LA 70124**  
**504-488-1319**