



Seton Catholic Preschool  
Peosta Center

**MEDICAL CONSENT FORM**

I, \_\_\_\_\_ (Father / Mother) of

\_\_\_\_\_, do give my permission and/or consent to the personnel of Seton Catholic Preschool to secure and/or authorize such emergency medical care and/or treatment as my child (above named) might require under the supervision of said school personnel. I also agree to pay all of the costs and fees contingent on any emergency medical care and/or treatment for my child (above named) as secured and/or authorized under this consent.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by checking this box, I acknowledge and agree to the terms above in the MEDICAL CONSENT FORM.

**Note: Every effort will be made to notify parents immediately in case of emergency. In the event of emergency, it would be helpful to have the following information:**

Doctor to contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Business phone of Father and/or Mother:** \_\_\_\_\_

Home phone: \_\_\_\_\_

Dentist to contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person to be contacted in case of emergency if parents cannot be contacted:**

**This person has parental consent to:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_