**LITTLE SPROUTS PRESCHOOL :**

**CONSENT FOR MEDICAL TREATMENT**

*In the case of an emergency, the above-mentioned school will by all means possible try to contact both parents/ guardian and emergency contact persons stated below.*

I (full name of person registering child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian of (child’s name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby give permission to the above-mentioned school (Little Sprouts Preschool) to : -

In the case of an emergency, and should the above-mentioned school, be unable to contact myself or the doctor named by me in the enrolment form, I consent that the Principal/ staff, of the above-mentioned school, to use their discretion and to contact the nearest doctor or hospital. And if need be an ambulance service and I therefore agree to not hold the school responsible for any costs that may occur as a result of these actions on behalf of my child.

I agree to be present at the attending doctor or hospital where my child is being treated.

I also agree to the policy of no medication being sent to school, as I understand that by Law the school is not allowed to administer any medication to my child unless chronic such as diabetic or epileptic medication on instruction by a health practitioner.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_

If there are or were any medical problems or previous allergic reactions, including food, or problems with medication, please indicate in detail below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Place: \_\_\_\_\_\_\_\_

Principal signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_