

SAINT MARY'S SCHOOL

CONSENT FOR TREATMENT

I, _____, the legal parent/guardian of
(Parent/Guardian First & Last Name)

_____,
(Child First & Last Name)

give consent to Saint Mary's School to administer medications ordered by an evaluating physician when health care is sought. I understand that I will be notified of the medication ordered. I further consent that the attending physician, or whomever the physician may designate, may undertake treatment, including surgery and/or the administration of necessary anesthesia in serious or major illness or injuries if I, the undersigned parent or guardian, cannot be contacted. I further agree that the attending physician, or whomever the physician may designate, may treat all minor injuries or illnesses without contacting me. I also agree that any needed immunizations may be administered by the attending physician or their designate. It is further understood that if I cannot be contacted, I agree that Saint Mary's School may authorize necessary treatment. I also agree that the Binder Health Center of Saint Mary's School may release any medical information necessary to other physicians, insurance companies, and government agencies that may need such information.

I am aware that Saint Mary's School charges for some services and that I may be billed through the business office. I accept personal responsibility for settling the account with the business office and for payment of incurred charges.

I understand that this information is part of my child's confidential medical file at Saint Mary's School and will not be released without my written consent unless by a court order. However, I agree that this information may be shared if a physician is contacted on my child's behalf. I also understand that a failure to disclose health information may be grounds for dismissal.

Addendum: I give consent for Saint Mary's School to coordinate with a community health partner for my daughter to receive the Pfizer COVID-19 vaccine, and acknowledge that I have received the EUA factsheet about this vaccine.

Parent/Guardian Signature

Date