

Mount Hermon Play School

Please read and sign **both** the top and bottom section.

PART I: CONSENT FOR MEDICAL TREATMENT:

As the parent, agency representative, or legal guardian, I hereby give consent to **Mount Hermon Play School** to provide all emergency dental or medical care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for my child..._____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

My child has the following medication allergies: _____

Date: _____

Signature of parent/agency representative/guardian: _____

PART II: PARENT’S RIGHTS and PERSONAL RIGHTS

This will acknowledge that I/We the parent(s) of _____ have received a copy of “PARENT’S RIGHTS and “PERSONAL RIGHTS” from the authorized representative of the **Mount Hermon Play School.**

Date: _____

Signature of parent/agency representative/guardian: _____

Home address: _____

Home phone: _____

Work phone: _____