



Consent for Medical Treatment

Revised 5/6/2020

As the parent, agency representative or legal guardian, I hereby give consent to ***Madrone Montessori School, LLC ~ 5001 Windplay Drive #1, El Dorado Hills, CA 95762*** 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 and well being of my dependent.

Child has the following medical conditions or allergies and requires certain instructions or instruments for health reasons. I understand in order to have these items at school, a written and signed letter by my child's physician, including medication and treatment plans, must be submitted prior to school's acceptance of aforementioned items. I understand the medication or instrument will be properly stored, a log of administered treatment will be kept, and staff will receive proper training.

Parent/Guardian Signature

Date

Home Address

Home Phone

Work Phone

Email