



## **PARENTAL CONSENT FORM FOR MEDICAL TREATMENT / ATTENTION**

**Child's Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Child's Age:** \_\_\_\_\_

**Parent / Carer Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

For the period Monday 2<sup>nd</sup> June – Friday 6<sup>th</sup> June, I \_\_\_\_\_  
(parent / carer name), \_\_\_\_\_ (relationship / mother/ father/  
legal carer) of \_\_\_\_\_ (child's name) hereby grant authority  
to any Hospital or Doctor to provide medical treatment to \_\_\_\_\_  
(child name) and to release \_\_\_\_\_ (child name) to the  
accompanying school teacher representative of St Mary's Catholic Academy who  
brought them in.

Signed \_\_\_\_\_ (Parental consent)

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