



CONSENT FOR TREATMENT

I, _____, **ALLOW / DO NOT ALLOW** (Please encircle) the school health personnel to give medical/dental management to _____ in case any medical/dental conditions arise.

I, _____, hereby state that the given information in the Client's Health Record is true and correct to the best of my knowledge. I shall not hold the school and its personnel responsible for any information that I may have neglected consciously and unconsciously.

Very truly yours,

Parent's Signature over Printed Name
Date: _____



CONSENT FOR TREATMENT

I, _____, **ALLOW / DO NOT ALLOW** (Please encircle) the school health personnel to give medical/dental management to _____ in case any medical/dental conditions arise.

I, _____, hereby state that the given information in the Client's Health Record is true and correct to the best of my knowledge. I shall not hold the school and its personnel responsible for any information that I may have neglected consciously and unconsciously.

Very truly yours,

Parent's Signature over Printed Name
Date: _____