



# CONSENT FOR MEDICAL TREATMENT

I \_\_\_\_\_ am the legal parent/guardian of  
Parent's First and Last Name

\_\_\_\_\_  
Child's First and Last Name.

In an emergency **Cheer-N-Grow Learning Academy** staff member(s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense.

Yes

No

In an emergency, my child may receive first aid

Yes

No

In an emergency, the above named person has my permission to call

Dr. \_\_\_\_\_ at (phone Number) \_\_\_\_\_

and, if necessary, give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense.

Yes

No

\_\_\_\_\_  
(Signature over Printed Name of Parent/Guardian)

\_\_\_\_\_  
Date