

**CONSENT TO OPERATION, ANESTHETICS AND OTHER MEDICAL SERVICES**

This is to certify that I, the parent of \_\_\_\_\_ age, \_\_\_\_\_, birth date  
\_\_\_\_/\_\_\_\_/\_\_\_\_, consent to the performance of any emergency surgical operations and other medical  
procedures which may be considered necessary by the medical doctors as a result of injury or other  
emergency during the school year of \_\_\_\_\_ to \_\_\_\_\_. In the event of an emergency involving my child  
during this period, I may be reached at: \_\_\_\_\_ or \_\_\_\_\_.

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Emergency Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student's signature                      Date                      Parent's signature                      Date