



St. Luke's Academy

EMERGENCY CONSENT TO MEDICAL TREATMENT FORM

I am the Parent/Legal Guardian of _____ (Full Name of Child). I hereby give consent to St. Luke's Academy and its staff to provide and procure any necessary or emergency treatment for the above named Student. It is understood that, in the event of a serious medical problem and/or emergency, every effort will be made to first contact the Parent(s) and/or Legal Guardian(s) before St. Luke's Academy and its staff proceed to authorize treatment. This consent will remain in effect unless and until it is revoked in writing.

Name of Parent/Guardian

Signature of Parent/Guardian

Date