



MARYMOUND

Finding the good

Day Treatment Program – Medical Treatment Form

Student's full name _____

Birthdate / / Medical # _____ PHIN _____
 M D Y

Name of emergency contact _____

Emergency contact phone number _____

MEDICAL TREATMENT CONSENT

I understand that specific medical consent will be required for any planned medical treatment that is more serious in nature, including administration of anaesthetics, or surgery which may be considered necessary by hospital staff. However, in case of an emergency necessitating treatment, please arrange for medical attention as soon as possible.

IN CASE OF EMERGENCY

I understand that Marymount School is NOT responsible for the payment of any ambulance fees should an ambulance be required during school hours.

Parent/guardian signature

Witness

Dated this _____ day of _____, 20____.