

**St. Peter / St. Francis School**

360 Prospect Street, Torrington, CT 06790

(860) 489-4177 www.spsfschool.net

**CONSENT FOR TREATMENT**

This form must be completed when registering for St. Peter/St. Francis School. No student will be allowed to register without a fully completed **CONSENT FOR TREATMENT** form.

*Dear Parents,*

*As stipulated in the General Liability Policy of the Catholic Mutual Group for the Archdiocese of Hartford, students are NOT covered for medical expenses resulting from any injury received at school or in the participation in school sponsored events away from the school premises. Any medical bills or injury claim should be referred to the major medical coverage in force for your child.*

*Now would be a good time for you to review your insurance coverage for your child. Please be assured that the school takes every precaution, through health and safety instruction, to alleviate any serious injuries that could occur both on the playground and in the gym area.*

*In the event of a medical situation due to illness or accident to your child, we will need your consent to insure immediate medical treatment. Please read and sign the statement below*

I understand that should an accident, illness or medical emergency arise, St. Peter/St. Francis School staff will try to notify me immediately. However, in the event I cannot be reached by telephone, I authorize any medical or surgical treatment, x-rays, examinations, prescription drugs, etc., deemed necessary by a licensed medical physician.

Child's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's daytime phone number \_\_\_\_\_

Father's daytime phone number \_\_\_\_\_

**Parent or Legal guardian name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(One form for each child)**