



OUR LADY OF SORROWS SCHOOL

HEALTH SERVICES AGREEMENT



I, the undersigned, do hereby authorize the officials of OUR LADY OF SORROWS SCHOOL to follow the steps prescribed in the *First Aid-Standing Orders 2010-2011* for the health of the student(s) listed. Additionally, I consent to the use of the medications in the manner described unless specifically noted on this form or in the student's medical history.

I will not hold OUR LADY OF SORROWS financially responsible for the emergency care and/or transportation for said student(s)

Student(s):

Grade:

Medications NOT to be used:

PRINT Parent Name

Parent Signature

Date