



St. Stephen's Episcopal School, Houston (School)

Consent to Treat Form

Student / Summer Camper Name: _____

Student / Summer Camper DOB: _____

Understanding that my child may need medical treatment during School or Summer Camp hours or at School or Summer Camp activities, I hereby agree to the following.

I authorize the School through trained personnel to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment.

I give my permission to the School to secure emergency medical and/or emergency surgical treatment for the above-named minor child while in the School's care. Non-emergency medical treatment or elective surgery is not included in this authorization. Any medical information provided to the School may be shared with emergency medical personnel.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., mobile numbers, work location, emergency contacts, child's physician and health status, and immunization records.

I agree to notify the Head of School if my child is exposed to or tests positive for any communicable disease, including COVID-19.

I understand that before medication is dispensed to my child, I will provide written authorization, including specific information required to accurately administer the medication. Medicine **MUST** be in the original container with my child's name and dosing instructions and delivered to my child's lead teacher by a parent or legal guardian.

Name of parent or legal guardian: _____

Signature of parent or legal guardian: _____

Date: _____