

**LAUREL HALL SCHOOL IN FREDERICK
PRIVATE, NON-PUBLIC SPECIAL EDUCATION PROGRAM**

**EMERGENCY ROOM CONSENT FORM FOR
SCHOOL YEAR 2015 - 2016**

STUDENT NAME: _____

I give my consent for my child to receive treatment in the case of an injury or an emergency while in the presence of the Laurel Hall School in Frederick Staff.

This treatment may be provided at the medical center and/or hospital that is near the site of the accident/injury.

When applicable I give permission for my child to have hearing and vision screening.
_____yes _____no

When applicable I give permission for my child to have Ibuprofen (Advil, Motrin) or Acetaminophen (Tylenol) for such common ailments as: headache, muscular aches, toothache or menstrual cramps to.
_____yes _____no

Parent/Guardian Signature

Date