

# Consent for Treatment

I, \_\_\_\_\_ the parent and/or guardian of  
*Parent/Legal Guardian Name*

\_\_\_\_\_, give my consent to *(SITE NAME)*  
*Student's Name*

to administer treatment to my child.

Furthermore, in case of an injury or illness that is life threatening or in need of emergency treatment, I authorize the *(SITE NAME)* staff to summon any and all professional emergency personnel to attend, transport, and treat the student and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnostic, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to participate in the state in which such treatment is to occur.

I authorize the *(SITE NAME)* staff to administer topical Benadryl ointment/cream to my child in case of redness, swelling, itching, and/or mild rash as a result of external allergens (e.g. cats, horses, dust, bug bites, detergent, soap, and any other allergens). I will provide Villa Lyan and/or Creative Children Therapy with a detailed list of any and all allergies of the student.

Student's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_