

Hanger Hall School  
Parental Consent for Medical Treatment  
2011-2012

I hereby give permissions for Hanger Hall employees or representatives to administer and seek out from any licensed practitioner of medicine, any emergency care that my daughter, \_\_\_\_\_ might need while on a field activity with Hanger Hall School.

I also agree to allow Hanger Hall personnel to administer any medications that are deemed necessary for my above-mentioned daughter. Below I have listed any medications that I would not want my child to take either for physical or moral reasons.

I understand that every effort will be made to contact me before my child receives medical treatment.

\_\_\_\_\_ Parent signature

\_\_\_\_\_ Date