

# Medical Treatment Permission

I, \_\_\_\_\_ give Deanna lelmoni permission to contact the hospital or ambulance in the event of an emergency, illness or injury. She may discuss any relevant medical information in my absence or provide emergency care during any event, project, or field trip facilitated by Rainbow Valley Homeschool in which I am not present. I also give consent to the nearest hospital or ambulance to render medical emergency care to my child(ren) deemed appropriate by a medical professional.

\_\_\_\_\_

Sign

\_\_\_\_\_

date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)s names and Allergies

Please list any relevant medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_