



Saint Anthony School

30 Pleasant Street

Bristol, CT 06010

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stanthonysschoolct.org

Consent for Treatment

As stipulated in the General Liability Policy of the Catholic Mutual Group for the Archdiocese of Hartford, students are not covered for medical expenses resulting from any injury received at school or in the participation in school sponsored events away from the school premises. Any medical bills or injury claim should be referred to the major medical coverage in force for your child.

Now would be a good time to review your insurance for your child. Please be assured that the school takes every precaution, through health and safety instruction, to alleviate any serious injuries that could occur both on the playground and in the gym area.

In the event of a medical situation due to illness or accident to your child, we will need your consent to ensure immediate medical treatment. Please read and sign the statement below.

I understand that should an accident, illness, or medical emergency arise, Saint Anthony School staff will try to notify me immediately. However, in the event I cannot be reached by telephone, I authorize any medical or surgical treatment, x-rays, examinations, prescription drugs, etc., deemed necessary by a licensed medical physician.

Child's name: _____

Address: _____ Home Phone: _____

Physician's Name: _____

Physician's Phone: _____

Mother's Daytime Phone Number: _____

Father's Daytime Phone Number: _____

Parent or Legal Guardian's Name: _____

Signature: _____

Date: _____

Saint Anthony School prepares students to know, love, and serve God, community, and one another now and in the future, through a child-centered environment that is spiritually nourishing, morally sound, academically challenging, and socially interactive.