



CONSENT FOR TREATMENT

I, _____ the parent and/or guardian of
Parent/Legal Guardian Name

_____, give my consent to ArtSouth Staff to provide treatment to my
Child's Name
child. In case of an injury or illness that is life threatening or in need of emergency treatment, I authorize the ArtSouth 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 ArtSouth 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 ArtSouth with a detailed list of any and all allergies of the student.

I also **authorize ArtSouth staff to administer mosquito and bug repellent** in the form of a spray or ointment when the students are outdoors to prevent mosquito and bug bites. ArtSouth staff **will not** administer mosquito and bug repellent unless given consent by the parent.

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 Mother/Legal Guardian _____ Date _____