

CHRIST THE KING SCHOOL
CONSENT FOR TREATMENT

(We) (I) _____, the parent(s) and legal guardian(s) of _____ Grade _____ consent to and authorize for the school year 20__-__, any representative of Christ the King School to authorize medical treatment, including any necessary surgery or hospitalization, for my (our) above-named dependent, for any injury or illness of an emergency nature he/she will incur while at Christ the King School or while participating in sports and organized activities at or for Christ the King School by any physician and dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, Kansas statutes Annotated 65-2801 and any hospital. I prefer to have my child treated at

_____ Hospital by Doctor _____ except in cases of threatening situations. (We) (I) agree to pay and assume all responsibility for all medical and hospital expenses and any service of an emergency nature, and charges for my (our) dependent. We acknowledge and agree that Christ the King School, Christ the King Parish, and the archdiocese of Kansas City in Kansas are not responsible for any medical and hospital expenses and charges that are incurred in the medical treatment or hospitalization of our dependent.

A photocopy of this document shall have the same force and effect as the original.

Parent or Legal Guardian

Date _____