

CONSENT FORM

For my child: _____

MSP Card#: _____

I authorize the staff of Brockton Preparatory School to call a physician, take my child to the nearest emergency centre, or summon an ambulance for emergency aid should, in the opinion of the person(s) in attendance, such services be required and I cannot be contacted by telephone. If such an emergency should arise, I shall be notified as soon as possible. I agree that the cost incurred for such services shall be my sole responsibility.

Parent/Guardian signature: _____

Date: _____

Witness signature: _____

Witness name: _____