



**PARENT/GUARDIAN CONSENT TO  
MEDICAL, DENTAL, OR HOSPITAL CARE**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_

(hereinafter "my child"), who was born on , \_\_\_\_\_.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

In case of an emergency, I authorize Precept Schools of Virginia's staff to seek medical attention for my child.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Child's Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**CONSENT TO PARTICIPATE IN ALL ACTIVITIES & RELEASE**

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this school, PRECEPT SCHOOLS OF VIRGINIA, whether on-campus or off-campus. My child is to be **excluded** from the following activities: \_\_\_\_\_  
\_\_\_\_\_

By signing below you authorize and grant, PRECEPT SCHOOLS OF VIRGINIA, the complete and unconditional release of all liability to the greatest extent allowed by law of any act of negligence by its officers, agents, servants, volunteers, parents/guardians, or employees.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
(PRINT NAME OF PARENT OR GUARDIAN)

(Please read and sign both sides of this form.)