

MEDICAL CONSENT FORM (ADMISSION)

To ensure his/her health and well-being while in school, I/We hereby grant permission to the USLS Health Services Center (Clinic) and its medical staff to provide the following medical services/procedures to my child/ward during the current academic year:

Select the medical procedure:

- Physical Examination**
- Dental Examination**
- Deworming**
- NONE**

By signing this Medical Consent Form, I certify that I have read and understood the statements, releases and waivers stated above, and consent is freely and voluntarily given on behalf of my child/ward.

Name of Student / ID No.:	
Name of Parent/Guardian:	
Signature of Parent/Guardian:	
Date Signed:	