

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:                  |  |