

ACKNOWLEDGMENT  
(Medical Treatment)

The undersigned, who represent that they are the parents and/or legal guardians of \_\_\_\_\_, presently enrolled in St. Andrew the Apostle School, acknowledge that this school does not provide special medical services.

The undersigned acknowledge that the school does not assume the role of health care provider in diagnosing or treating its students; nor does the personnel (includes principal, faculty, and staff) have experience, knowledge, or expertise in providing any emergency treatment that may be necessary for any student, including but not limited to--and by way of example only--any treatment for allergic or diabetic conditions. The school will take reasonable steps in a medical emergency to care for a student. In specific circumstances in which student needs to self-medicate or requires assistance with medication, the undersigned acknowledges that the school may be unable to accommodate the medical needs of their child/student. This matter should be discussed directly with the school principal.

IN certain circumstances in which the student needs to self-medicate or needs other medical assistance, the undersigned acknowledges that this must be discussed directly with the school principal.

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Ms./Mrs. Date  
Parents/Guardians

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Mr. Date  
Parents/Guardian

Print Name:

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Parents/Guardians

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Parents/Guardians