



Summer at St. George's  
**INTERNATIONAL SCHOOL**  
2006 CONSENT TO MEDICAL TREATMENT

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I/We, am (are) the parent(s) (or legal guardian(s)) of: \_\_\_\_\_  
(Delete as appropriate) (Name of Student)

and do hereby consent to the administering of medical treatment and immunizations to the said student while in the care of the Summer at St. George's Program and its employees, provided that such medical treatment and immunizations are found to be necessary or advisable in the opinion of the medical advisers to the Summer at St. George's Program for the well-being of said student, and the medical treatment and immunizations are performed by those employees of the Summer at St. George's Program or such others at the request of the Summer at St. George's Staff, who are properly qualified to perform such medical treatment and immunizations.

We hereby further authorize the Summer at St. George's Program, by its lawful representatives, for as long as our son/daughter is attending the program at the School, to enter and execute on our behalf such consent documents or other documents as may be required by medical practitioners, health care professionals, hospitals or the City of Vancouver Health Department in connection with the medical treatment and immunizations of the said student.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Witness name printed

\_\_\_\_\_  
Parent(s) name printed