

**ST. ANDREW'S PRESCHOOL
AUTHORIZATION & MEDICAL RELEASE FORM**

AUTHORIZATION TO ACT IN THE EVENT THAT THE STUDENT REQUIRES MEDICAL ATTENTION.

NAME OF STUDENT: _____

In the event of serious illness requiring medical attention, every effort will be made to notify the parent(s)/legal guardian(s) or emergency contact. Every care and attention will be given to the health and comfort of the student. I hereby authorize _____ to
(Teacher in charge)**
obtain or secure such medical advice and treatment as may be deemed necessary for the health and safety of the student.

I agree to accept financial responsibility for, and undertake to pay all costs resulting from this medical treatment. I also agree to release the above mentioned teacher in charge, and St. Andrew's Preschool from any personal liability that may occur as a result of giving such medical attention.

Signed before me, this _____ day of _____, 20____, at Calgary, Alberta.

Parent/Guardian

Witness
(must be over 18 years of age and not a parent)

*** This denotes any St. Andrew's Preschool teacher, substitute teacher, or volunteer.

FOIP REQUIREMENT AND PURPOSE OF FORM.

The information requested on this form is considered confidential and will be treated accordingly. The information will be used at the discretion of the Teacher in Charge to assist in caring for the student's health needs, particularly in the event of injury, or illness in the classroom or while attending a school field trip. The completed form should be returned to the school in a sealed envelope.

The personal information contained and collected by this form is made under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose(s) specified above. The requested personal information is prepared and released in accordance with the written request of the above-named St. Andrew's Preschool student in accordance of the Alberta Freedom of Information and Protection of Privacy Act.