



**LANCASTER MENNONITE SCHOOL**

**Permission to Treat and Summary Health Form  
for Boarding Students**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Telephone Number \_\_\_\_\_

Additional Telephone Number \_\_\_\_\_

Other Parent or Legal Guardian \_\_\_\_\_

Telephone Number \_\_\_\_\_

Additional Telephone Number \_\_\_\_\_

**PERMISSION TO TREAT (must be signed by a parent or legal guardian)**

*In the event of an emergency, school staff will attempt to contact the listed parents or guardians. If the school is unable to reach a parent or legal guardian, the undersigned authorizes school staff to make whatever arrangements it deems necessary for the health and safety of the child.*

I hereby give consent for licensed health care providers to carry out accepted procedures for diagnosis, immunization, medical and minor surgical treatment, or counseling for my son or daughter. In the event that I cannot be reached, I also hereby give my consent for emergency treatment for the above-named Lancaster Mennonite School student according to the judgment of the attending physician, nurse, and/or athletic trainer.

Signature of Parent or Legal Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

*Please complete Student Health History on following page.*

Student Health History

List any allergies: \_\_\_\_\_

List any illnesses or injuries requiring medical treatment within the last six months:

\_\_\_\_\_  
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Has there been any counseling/psychotherapy within the last six months? \_\_\_\_\_  
If so, explain.

List all prescribed medications, vitamins, and/or herbal supplements being taken and the dosages and frequency:

Date of last Tetanus booster (Tdap):

**Please attach a copy of your health insurance card for our records. *If you are an international student, you do not need to provide a copy since all international students purchase healthcare and accident insurance through the school.***