

MEDICAL & TRANSPORTATION WAIVER

I/we the undersigned parents/guardians of _____, a minor, do hereby authorize ABCD Academy for Children, INC. NFP as our agents to consent to any diagnostic procedure or medical care which is deemed advisable by and is rendered under the general or special supervision of any licensed physician or surgeon on the staff of _____ Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until child withdraws from school unless sooner revoked in writing and delivered to said agent(s).

Also, I hereby waive and release any and all rights and claims for damages I may have against ABCD Academy for Children, INC. NFP its representatives and assigns for and all injuries suffered by my child in transit.

Parent/Guardian Signature

Date