

Friends of Alamo School Foundation

Enrichment Classes

PERMISSION FOR MEDICAL TREATMENT

I understand that the Friends of Alamo School Foundation (FASF) assumes no financial obligation for medical treatment, but in the event that I cannot be reached in an emergency, I hereby authorize FASF enrichment class instructors and staff to secure professional medical attention for my child. And, I give permission for my child to be treated by a licensed physician and be admitted to a hospital, if necessary.

Name of Child: _____

Parent/Guardian Signature: _____ **date:** _____