



St. Rita School

Where Faith and Knowledge Meet

Dear PreK Parent/Guardian:

Below, please find a "Consent for Treatment" from the Webster Central School District. Because our Health Office is staffed by a nurse from the Webster Central School District, she is employed to treat students K-5. In order for the nurse to provide typical school nurse services as outlined in the consent for your PreK student, please complete the consent below and return by 9/9 or 9/10 (first day of PreK).

Please feel free to contact me with questions or concerns.

Sincerely,

Mrs. Jennifer LeFrois
Principal

Consent for Treatment

As a parent or person in parental relation to _____ (the "Student"), a student at St. Rita School (the "Private School"), I hereby provide my authorization to those at Webster Central School District (the "District") providing Nursing Services for the Private School to provide such Nursing Services to the Student, such services are defined under the New York Education Law and its implementing regulations. I further understand and acknowledge that our family health insurance and/or home owners' insurance are the primary coverage for any injury or accident that occurs at the Private School in the course of receipt of Nursing Services and that the District is not responsible for any injury or accident resulting from its provision of Nursing Services.

By signing below, I voluntarily assume all of the risks involved in the Student's receipt of Nursing Services, recognizing the potential benefit of such services outweigh any such risks. I hereby release, waive, covenant not to sue, and discharge the District, and its Board of Education, officers, staff, agents and representatives (the "Releasees") from any and all liability, claims, demands and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or by my child, whether caused or contributed to by the negligence of the Releasees or otherwise arising out of or related to the Student's receipt of Nursing Services. I agree that this document shall bind my guardian, assigns, heirs, administrators and executors forever.

Name of Parent or Person in Parental Relation: _____

Signature of Parent or Person in Parental Relation: _____

Date of Signature: _____