

*The Academy of Our Lady of Peace  
99 South Street  
New Providence, NJ 07974*

**Parental Permission Form**  
**2008-2009 Academic Year**

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

The law requires that parental permission and physician approval be obtained for procedures on minors. The following consent form should be signed by the parents or guardian so that such procedures may be promptly carried out.

“IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I THEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED BELOW AND TO FOLLOW HIS INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS DEEMED NECESSARY.”

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/ Guardian (PRINT)

Local Physicians Name: \_\_\_\_\_

Office Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Local Dentist's Name: \_\_\_\_\_

Dentist Office Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Please return to the Health Office