



# ST AGNES CATHOLIC SCHOOL

**DUE  
9/10**

## WHEEL-A-THON PARENT PERMISSION FORM

**KINDLY FILL IN THE SPACES PROVIDED AFTER READING THE STATEMENT.**

I hereby request that my son/daughter,

NAME \_\_\_\_\_

GRADE \_\_\_\_\_

be able to participate in the St. Agnes School Wheel-A-Thon, to be held on September 26, 2025.

☐ I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of this event.

☐ I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

### CONSENT FOR TREATMENT

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of St. Agnes School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the California Medical Practice Act, on the medical staff or an accredited 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 diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Signature over Printed Name: \_\_\_\_\_

Date Signed (mm/dd/yy): \_\_\_\_\_

☐ MY CHILD WILL NOT BE PARTICIPATING IN THE 2025 WHEEL-A-THON ON 9/26/2025

Signature over Printed Name: \_\_\_\_\_

Date Signed (mm/dd/yy): \_\_\_\_\_