



An educational ministry of the Daughters of Our Lady of the Garden since 1972

MEDICAL TREATMENT OPTION

I, (print name) _____ (Circle one) **refuse** or **accept** services, medical care and/or medical treatment offered to my child, _____, by Gianelli's Early Learning Center. I, knowingly and voluntarily, accept full responsibility for all consequences of my refusal. I hereby release and forever discharge Gianelli's Early Learning Center, and their employees, their representatives, successors and assignees, from all claims arising out of all personal injuries damages, expenses and any loss or damages whatsoever resulting from my refusal of medical assistance.

Signature of Parent or Guardian

____/____/____
Date