



MEDICAL & TRANSPORTATION WAIVER

I / We the undersigned parents / guardians of _____, a minor, do hereby authorize THE MALVERN SCHOOL as our agents to consent to any diagnostic procedure or medical care which is deemed advisable by and is rendered under the general or special supervision of any licensed physician or surgeon (or the staff of Jefferson Hospital in Washington Township, NJ or the nearest 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 need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgement may deem advisable.

This authorization shall remain effective until child withdraws from school unless sooner evoked in writing and delivered to said agent(s).

Also, I hereby waive and release any and all rights and claims for damages I may have against THE MALVERN SCHOOL, its representatives and assigns for any and all injuries suffered by my child in transit.

PARENT / GUARDIAN SIGNATURE _____

DATE _____