



Chia Seed
Learning Center

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CONSENT TO COMMUNICATE WITH CHILD'S PHYSICIAN
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I, _____ , the parent/guardian of

_____ a student at Chia Seed Learning Center ("CSLC"), hereby acknowledge, agree, and consent to CSLC communicating directly with, and receiving information from, my child's physician regarding my student's health related issues, including allergies, for the purposes of ensuring the safety and health of CSLC.

This consent is valid for the duration of CSLC 20____ - 20____ school year. I am hereby advised and understand that I have a right to a copy of this authorization.

Executed this day _____ of _____ 20 _____ , at Los Angeles County, California.

Print name of parent or guardian

Signature of parent or guardian

Date

Print name of parent or guardian

Signature of parent or guardian

Date