

## EMERGENCY CONSENT FORM

I \_\_\_\_\_ certify that I am the Parent/ Guardian  
(Please print)  
of \_\_\_\_\_ and I authorize the International School of  
(Please print)  
Louisiana (ISL) to take action regarding the health / safety of my child in the event of an emergency.  
This includes calling 911 and signing my child into an emergency room at a nearby hospital.

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

\_\_\_\_\_  
Date