

FORM 2-1**FORM TO BE COMPLETED BY: Parent or Legal Guardian, Receiving School Personnel**

Judith T. Won Pat, Ed. D.
Superintendent of Education

**DEPARTMENT OF EDUCATION
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CHRISTOPHER ANDERSON
Administrator

MEDICAL TREATMENT AND EDUCATIONAL CONSENT FORM

I hereby certify that:

1. I am the natural parent/legal guardian of: _____,
whose birth date is _____. (Name of Child)

**** A copy of either the minor's birth certificate or a court order which granted legal guardianship to someone other than a parent must be included with this document. This form will be considered valid only if: 1) the person who signs this form is the same person named on either the birth certificate as a parent or the court order as a legal guardian, and 2) this form has been notarized.**

My complete current residential or mailing address is:

and my current telephone number is: _____.

2. I authorize _____ to:
- a) Consent to the provision of medical care to the above minor, inclusive of but not limited to surgery, hospitalization, or administration of medication, and
 - b) Enroll the above minor in any school, receive all reports or documents issued by the school, consent to any types of testing needed or requested by the school, and to make all decisions, regarding the minor's educational needs.

Name of Parent/Legal Guardian (Print)

Signature of Parent/Legal Guardian

SUBSCRIBED AND SWORN TO before me, _____,
on this date: ____/____/____