

**MEDICAL & DENTAL RELEASE FORM
FOR MINOR**

I, _____, certify that I am the parent or legal guardian of the minor listed below and as such, I hereby convey temporary authority to the Learning Coaches of Permanent Learning Solution's, LLC and or GO EXL Academy, for the sole purpose of obtaining or arranging any emergency medical or dental care for the minor as may be deemed necessary for the well-being of my child when not accompanied by a parent/legal guardian or should either parent/legal guardian to unreachable by telephone.

THEREFORE, I hereby approve and empower the Learning Coaches and staff of Permanent Learning Solution's, LLC with the authority to arrange and/or consent for any and all emergency medical/dental care and treatment of my child in my absence.

Student Name _____

Signature of Parent Legal Guardian

Date

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