

PART I OR II MUST BE COMPLETED AND SIGNED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called in the event of an emergency:

Student's Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Local Hospital: _____ ER Phone: _____

Insurance: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by the above-named practitioners, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of this child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning this child's medical history (allergies, diseases, disorders, health conditions, medications being taken, physical impairments, etc.) to which a physician should be alerted:

Allergies: _____

Medications: _____

Diseases, health conditions, physical impairments: _____

Other pertinent medical information regarding this child: _____

Signature of Parent/Guardian _____ Date _____

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent/Guardian _____ Date _____