

PART I OR II MUST BE COMPLETED

PART I: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

PHYSICIAN: _____ Phone: _____

DENTIST: _____ Phone: _____

MEDICAL SPECIALIST: _____ Phone: _____

LOCAL HOSPITAL: _____ EMERGENCY ROOM PHONE #: _____

*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:

Dr. _____ or Dr. _____
(preferred doctor) (preferred dentist)

in the event the designated preferred practioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

*This authorization does not cover major surgery unless the medical options 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 the child’s medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent / Guardian _____ Date: _____

Address _____ City _____ Zip Code _____

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 treatment, I wish the school authorities to take the following action:*

Signature of Parent / Guardian _____ Date: _____

Address _____ City _____ Zip Code _____