

Consent for Medical/Dental Emergency Treatment and Medical Information

In the event of a medical emergency, we will attempt to contact the primary guardian first, and then the secondary guardian both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive medical emergency treatment should a medical emergency occur at school. Please complete the following medical and insurance information.

Yes, I give permission for my child to receive medical emergency treatment by authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference:	Phone Number:
Medical Insurance Carrier:	Policy Number:
Family Physician Name:	Phone Number:
Dental Insurance Carrier:	Policy Number:
Family Dentist Name:	Phone Number:
Please use this space to explain any special procedures or requests:	

No, I do not give permission for my child to receive emergency medical treatment.

Please use this space to explain any special procedures or requests:

Emergency Contact Name and Phone Number

Emergency Contact Name: *(This person will be contacted only if the primary and secondary guardians are unavailable)*

Emergency Contact Phone Number:

Medical /Allergy Information

Please list any existing medical problems: _____

Please list any known allergies: _____

Consent for Prescription and Over-the-Counter Medication

The office has some over-the-counter medication (non-aspirin pain reliever, aspirin, anti-acids, cold & flu relief) that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages.

- Yes, I give permission for my child to receive over-the-counter pain reliever from the school office staff.
- No, I do not give permission for my child to receive over-the-counter pain reliever from the school office staff.

I understand that if my child needs medication, prescription or anything other than the recommended dosage for over-the-counter medications, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medicine must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the school regarding medication to be administered.
3. All medications shall be kept in the school office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Legal Guardian Signature _____ Date _____