

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 the following:

- (1) The administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist;
- (2) The transfer of the 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 the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of Parent / Guardian _____

Address _____

_____ Zip _____

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

Date _____ Signature of Parent / Guardian _____

Address _____

_____ Zip _____