

PART I – TO GRANT CONSENT

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

Physician: _____	Telephone: _____
Dentist: _____	Telephone: _____
Medical Specialist: _____	Telephone: _____
Local Hospital: _____	Telephone: _____

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 doctors or in the event the designated practitioner is not available, by another licensed physician or dentist, and*
2. *The transfer of the child to any hospital reasonably accessible.*

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of said surgery.

In the following space, please write any 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: _____ Date: _____

Street Address: _____

City and zip code: _____

PART II – REFUSAL OF CONSENT

I DO NOT grant my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I allow the school authorities permission to take the following action:

Signature of parent: _____ Date: _____

Street Address: _____

City and zip code: _____