
 Student Name

Emergency Medical/Transport Consent Form

In the event of a **medical emergency**, I _____ give permission to
(Parent Name)
 the Principal/Director of my child's magnet school to make decisions for and/or
 provide care for my child, _____.
(Name of Child)

I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of my child. I understand that I will be notified of any emergency as soon as possible.

These decisions may include:

- Emergency transportation (i.e. ambulance)
- Permission for emergency personnel to provide treatment (i.e. EMT/Emergency Room staff)
- Permission for staff trained in First Aid to provide treatment until other emergency personnel arrive.
- Directing emergency transportation to the closest hospital (the parents' choice of hospital will always be honored unless the situation dictates otherwise, i.e. field trip out of area).

 Parent Signature

 Date
